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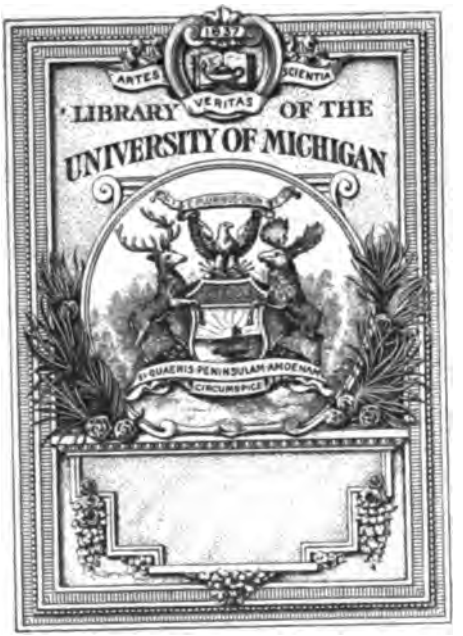
N. P. 12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A MONTHLY JOURNAL OF

## PRACTICAL MEDICINE AND SURGERY.

L. M. LAWSON, M. D.,
T. WOOD, M. D., } Editors and Proprietors.

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EDITED BY

L. M. LAWSON, M. D.,

PROFESSOR OF PATHOLOGY AND THE PRACTICE OF MEDICINE IN THE MEDICAL COLLEGE OF OHIO.

No. 1. CINCINNATI, JANUARY, 1853. Vol. XIV.

THE CONDITION AND PROSPECTS OF THE MEDICAL PROFESSION, are topics of paramount interest. Critics, good and evil, are busy in exposing its defects, while others are engaged in devising plans for its improvement. It is not singular that widely different opinions should prevail, not only as to the character and extent of the defects, but more especially in relation to the proper remedy for acknowledged evils. Some ascribe the low position of the profession (as they are pleased to term it,) to the defects in the schools; others look more especially to private teachers; some consider the literary attainments of the pupils themselves as the chief impediment, while another class cast the blame on the genius of our institutions, and the vitiated tastes of the *people*.

We have been accustomed to listen, (mostly in silence,) to the arguments, special pleadings, and sometimes invectives of those who have written and said most on this subject; we have looked anxiously at the premises, and noted with care the conclusions; but thus far, the results have been singularly inconclusive, and the various questions remain, and may be expected to remain, *sub judice*.

Let us inquire, first, what *is* our actual position? Is the profession of medicine radically and wholly *wrong* in its pursuits, so that *reform* (a word of magic-like influence) becomes necessary?

Our attention was arrested, sometime ago, by an article in the *London Medical Gazette*, headed "Decadence of the Profession in the United States;" and which was credited to the *American Journal of Medical Science*. On examination, we found the article in the number of that journal for July, 1850, p. 154; and the quotation in the London journal was verbatim, except *the caption*, which had been gained by its transatlantic journey. However, the sentiment of "decadence" or retrogression of the American profession was so clearly and unmistakably set forth in the paragraph, that the London editor was excusable for giving it a caption in accordance with the sentiments expressed.

The article in question bore the initials of a gentleman well known in the profession, and whose opinions are entitled to great respect. Occupying the position of Secretary to the American Medical Association, and chairman of the committee on Medical Literature, his opinions acquire additional importance, and assume, indeed, a semi-official character, which is calculated to arrest the attention of the profession.

We have no disposition to question the motives of the writer, nor to censure him for any intentional wrong; but we must be permitted to doubt the accuracy of his conclusions, and to condemn the policy of spreading abroad our own unmerited condemnation. The article in question boldly asserts the *general* retrograding condition of the profession, but very graciously excepts from this sweeping charge, the graduates of those schools, which, *twenty years ago*, produced alumni of the highest order. The bearing of this allusion cannot be mistaken; still we pass by its invidious feature, and simply deny the correctness of the conclusion.

But while we deny that the profession is in a state of *decadence*, we admit that, as a mass, it does *not* occupy that exalted position to which it is entitled, nor has the science made those advances which our position and resources demand. *Comparatively*, we are largely in advance of our ancestors; therefore, we are *not* retrograding; but there are grounds for the opinion that we have not accomplished all that was fairly within our reach.

If this be true, we do not require "reform;" the interests of our profession do not demand radical changes, nor new systems of government; but we want an *extension* of what already exists—more

thorough medical education, higher literary attainments, and a purer *esprit de corps*.

It is a question of moment, whether the profession contains within itself the elements of depression, or hindrance to advancement, or whether it is operated on by exterior and extraneous agencies. We are not permitted to doubt, that many circumstances which impede the progress of our profession are inherent; and it is equally apparent that extrinsic influences are largely concerned in the ultimate results.

Of the circumstances immediately connected with the individuals themselves, none is more potent than deficient literary education. On this point all parties seem nearly agreed. It is obvious that he who has had no mental training—who cannot express his ideas with clearness and precision verbally, nor connect them correctly in writing,—who has had no general acquaintance with the great sciences of nature—cannot enter on the study of the extensive, intricate and profound science of medicine, with fair prospects of more than the most ordinary success. If we admit the truth of this assumption, (and it will hardly be questioned,) the next point of deficiency is found in imperfect *medical* studies. Granting that the pupil really possesses the requisite literary qualifications, he is still required to pass through an extensive, varied, and profound study, and to *master* its different departments, in all their relations and complicated details.

The question arises, however, whether even those who have acquired a sufficient amount of general education, devote themselves to elementary study with that assiduity and perseverance indispensable to success? It is to be feared that this question must be answered in the negative; and we conceive that the great defects in the American profession consists in a want of *close study* —a want of that patient industry and unwearied perseverance which are essential to the mastery of the actual elements of the science. The essential difficulty lies in the rapid and imperfect manner in which the elementary studies are dismissed, and the injudicious haste in arriving at the practical duties of the profession. It is a *national* characteristic with Americans to do every thing in haste; and while commercial pursuits admit of rapid transactions, commensurate with the extent of our domain, *science* is rendered imperfect, and its applications uncertain, just in proportion as we adopt this immature and even reckless dispatch.

A large number of medical students who leave the colleges feel their deficiencies; they know their imperfections, as developed in the examination for a degree; and nothing is more common than to hear expressions of conscious defects, and commendable resolutions to devote themselves to future improvements. But, alas, for frail resolutions. The pupil is metamorphosed into a "Doctor of Medicine," and the newly fledged graduate hastens to the bedside of *patients*, and his determination to pursue elementary studies, are soon obliterated by the multiplicity and attractions of his practical pursuits. The more common result of such a course is that the *practitioner* loses nearly all the actual science which the *pupil* acquired, and without any additions to the old stock of knowledge; the consequence, therefore, must be an *empirical* practitioner.

But there are others who are placed in a still more unfavorable condition, and consequently, make less progress. It is well known that not more than *one third*, (and perhaps a larger proportion,) of all who attend lectures, ever progress far enough to graduate. After attendance on a single course of instruction, they are compelled, by pecuniary restrictions, to seek the emoluments of practice, and thus forego the opportunities which all admit to be necessary. Still we must descend to contemplate another class of practitioners,—those who never attend lectures at any time. Many are deprived altogether of the advantage of schools, and therefore rely on the limited and imperfect means of private studies.

We are not unmindful that a diploma may be held by an inferior practitioner; that one who has attended but a single course *may* be superior to him who has been the recipient of the full curriculum of study; and, finally, that a practitioner who has never attended a single lecture may attain to eminence in science, and be in fact altogether above either of the other classes. But such are not usual or legitimate results, but constitute rather exceptions to the general rule.

Is it surprising, then, that our profession does not occupy the *very highest* position, in point of science, or that its attainments, as a body, are inferior to those of the older and more systematic countries? Surely, we cannot be surprised at the result, nor doubt the existence of the fact. We cannot now pause to indicate the remedy, further than to remark, that we want more close study,—

more minute and thorough research, and above all, a greater degree of perseverence in study after commencing the practice, and during the entire professional career.

In relation to the *extrinsic* circumstances which influence the prospects and conditions of the profession, we may remark, that the extensive patronage bestowed on quacks, and quack medicines, by an inconsiderate and credulous public, contributes largely to withdraw the due support from science and from scientific practitioners. We cannot claim for our countrymen, as a mass, a very high degree of scientific attainments, nor that kind of systematic and accurately adjusted mental constitutions which might enable them to detect frauds in science, or to expose the tricks of mountebanks and hucksters in medical practice. Acute in trade, and politicians by nature, they are still deficient in general science; and as their well exercised perception, and largely developed intuition are not available beyond the counting room, the work-shop, or the annual election contests, mere *science* goes by default, and they trust to the specious assumptions of quacks and nostrum venders. The result is, that a large share of patronage justly due the physician is transferred to the impostor, so that the proper support of science is withheld, and the necessary means for its extension diverted from their appropriate application. Such a result cripples the profession, disheartens the honest practitioner, and contributes largely to prevent the rapid progress of our profession

Are we asked to indicate a *remedy* for these defects? Alas! it is no easy task to remove the difficulties; but it may be remarked, that we can, by determined perseverance and indefatigable study, *elevate* our profession so far above the charlatans of the day, as to increase our own strength and prosperity. This great work lies alone with ourselves; it is for the practitioner himself to decide, whether he will travel on, *pari passu*, with the lowest grade of *doctors*, or by lofty aspirations and true devotion to his science, like the eagle, soar to regions unknown to the groveling and mercenary portion of our race. The very *contrast* which *may* thus be established between true and pseudo-science, will most successfully destroy the precocious growth of falsehood and deception; and thus impale true science with its surest and most substantial protection.

It is believed by some, that Legislative protection is the proper

remedy, and that true science should be sustained by the strong arm of the law. It is not our purpose, now, to argue this question; much might be, and has been said, pro and con; and we shall, for the present, leave it where we find it. But we cannot avoid the remark, that where statutes regulate the practice of medicine, (as in England, France, etc.) the profession occupies a higher position, and quackery is comparatively rare. And further, if laws are required to punish robbery, arson, or murder; if they are necessary to restrain counterfeiting, forgery or piracy; it will be difficult to assign any adequate reason why the ignorant and unsuspecting should not be protected from the vampyre-like rapacity of the quack, just as the weak, defenceless, or unguarded expect and demand security from the midnight robber and assassin. But if the genius of our institutions, and the tastes of our citizens, render nugatory all laws regulating the profession of medicine, (but of which we are not convinced,) let us avail ourselves of the only remaining security, that of high attainments, and superior qualifications.

The preceding remarks are designed rather to arouse the thoughts, and excite the emulation of our readers, than to reach ultimate conclusions or unchanging opinions. What has been said, we honestly feel, and we would be pleased to know the opinions of others on these and kindred topics. If our readers will favor us with their opinions, they shall receive due attention, and we will give the profession the advantage of their reasoning.

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## PROHIBITION OF ANATOMICAL PURSUITS.

One of the anomalies of this boasted age of enlightenment, is the *legal penalties* attached to the dissection of the human body. Probably every state in the union can boast of this relic of barbarism, by which the statute book is marred with penal enactments to suppress dissections. In our own great state, the penalty for procuring a subject for dissection is imprisonment and fine; to which may be added, a full portion of public execration, and the loss of business, if the unlucky person be a practitioner of medicine. Within the last few years, a promising young physician, who resided in Buffalo, N. Y., was sentenced to the penitentiary

for the great offence of procuring an anatomical subject! Within the past year we have witnessed, in our own midst, popular prejudices against any form of anatomical pursuit, although the persons making the most complaint had no *personal* interest in the matter, and were certainly not actuated by more exalted humanity than their neighbors. In one case, an unlucky and probably imprudent person, had his premises mobbed on account of the preparation of *skeletons*, in which he was engaged; and, in another instance, a "resurrectionist" was shot dead whilst engaged in his pursuit.

It is not surprising that the unreflecting and ignorant masses, —those who engage in such excitements—should be prejudiced against anatomical pursuits, and readily engage in scenes of violence; but it is surprising that intelligent and educated portions of community should either justify, or by qualified commendation indirectly sustain the barbarous sentiments and conduct of the ignorant and superstitious. In the various excitements which have occurred, it has been painful to witness the course pursued by a portion of the press, and intelligent members of society. If those who by position, education, and influence were to unconditionally condemn these prejudices of the uninformed, and discountenance in the most emphatic manner the tendency to violence, the difficulties would soon cease, and penal statutes remain a monument of the folly and ignorance of legislators.

It is a singular fact that public sentiment, and the laws of the land, are adverse to anatomical pursuits, and yet the same public and the same laws, hold the surgeon or physician accountable if he do not possess the very information they have decided he shall not obtain! If the surgeon, through ignorance, mal-treat his patient, the law holds him accountable; but at the same time he is denied the only means by which the requisite knowledge can be secured! Absurdity and injustice can find no greater extremes.

We say, then, that the law prohibiting dissections is a relic of the dark ages, and is a disgrace to the boasted enlightenment of the nineteenth century. In this respect we are far behind the ancients. Erisistratis and Herophilus were authorized by the Ptolomies to prosecute dissections in the Alexandrian school, and this privilege was doubtless exercised by many. But finally, barbarism having triumphed over literature, dissection of the human body was considered sacrilege, until restored by Francis I, the founder

of the college of France, and who secured the title of the *Restorer of Science.* And the same great privilege is still enjoyed by the French, who can boast of the most profound anatomists of the world; but instead of this light having extended its rays to our land, and the fostering arm of government stretched forth to aid a humane and benevolent science, we are intimidated by fines and the prison!

Medical men do not seek for any undue privileges, nor any unreasonable facilities in this respect; they do not wish to violate the "sanctity of the grave," in defiance of the wishes of friends or relatives. In these particulars they are discreet and humane, and are not only willing but desirous of protecting a feeling of respect for the dead which is implanted in the human mind. But they feel and know the necessities for dissections, and in the name of a common humanity, they claim the right to use bodies in a prudent and discreet manner, when there are no friends or relatives to feel aggrieved; and, above all, they claim that their efforts to alleviate the sufferings of their fellow beings should be entitled to the approbation of an enlightened public opinion, and a just and impartial government, rather than the felon's fate.

Why is it that the medical profession has so long remained burdened with this iniquitous law? Why are their benevolent efforts, and ill-requited labors, trammelled with barbarous statutes and superstitious prejudices? Is it not time to appeal to a just and enlightened government, and to ask for those privileges and protection which so clearly belong to us?

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2. Original Communications.—This department will be made up of *Communications*, *Essays*, and *Lectures*. In this department we respectfully invite the aid of the profession, and confidently anticipate that it will be filled with rich and valuable materials.

3. Clinical Reports and Lectures.—Under this head will be introduced Hospital Reports, Clinical Lectures, Reports of Clinics, individual cases, and whatever pertains to *bed-side* or clinical medicine. This department will embrace much valuable

practical matter which cannot fail to prove interesting to those engaged in the treatment of disease.

4. Proceedings of Societies.—Brief statements of the proceedings of societies, including papers read, or abstracts from them, together with discussions which may follow. A large amount of valuable matter may thus be collected, which is generally lost to the profession. We respectfully invite societies to furnish us with abstracts of their proceedings.

5. Correspondence.—Under the head of *Correspondence* will be inserted letters touching the general interests of the profession, sketches of individuals, and passing medical events. It will present a condensed view of *men* and *events* connected with the profession, which cannot fail to interest our readers. We invite the attention of correspondents to this department.

6. Notices of Books.—An impartial account of all new publications, which come under our notice, will be regularly given. This department will be of great value to those who wish to purchase books; they will be informed, in advance, of those which are worth buying.

7. Progress of the Science.—The progress of Medicine in England, France, Germany, and the United States,—those countries in which we are chiefly interested,—will be embraced in a monthly summary. Those who desire to keep pace with medical science will be pleased to find carefully noted, month by month, the progress in each country, and among different people.

8. Medical Intelligence.—The last part will be occupied with medical news, miscellaneous items, obituary notices, &c.

By this systematized arrangement, we expect to furnish our readers a very large amount of valuable and interesting matter. It is true it will involve great labor, but we are determined to spare no pains to supply our readers with a condensed view of the state of the whole profession. It will be our object to collate the *gems* of medical experience and literature from the broad field which is before us, and for this purpose we are willing to labor.

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### OUR CORRESPONDENCE.

We invite the attention of our readers to the department of *Correspondence*. In the present number, we insert letters from our

*regular* New York and Philadelphia correspondents. The writers are gentlemen of the highest standing in the profession, and letters coming from such able sources cannot fail to prove interesting to our readers. The doings of the great cities of the East will thus be laid before our readers, in a condensed and spirited form, far more attractive than long disquisitions, or trite essays. The familiar style of these epistolary effusions will afford an agreeable relief from the fatigue of profound and lengthy essays, and thus give a zest to medical readings which every one desires. We have made arrangements for other correspondents, in different parts of the country; and hope that others not specially invited will favor us with letters suitable to the objects of the department. We do not expect, nor desire, that these letters in all cases, should conform to any given rule, or special character. On the contrary, not only sketches of individual character, but the condition of the profession, of public institutions and societies, points in medical practice, suggestions as to modes of treating disease, improvements in the profession, or the exposure of errors, among "regulars" as well as "irregulars," will all be legitimate subjects of remark, and may be turned to good account. We believe, indeed, that this department will become one of great interest, and of much value to the profession.

Correspondents are at liberty to use fictitious signatures if they prefer it, always, however, giving the editor the real name. In cases involving purely scientific points, it will be preferable, as a general thing, to write over the real name.

# Original Lectures, Essays & Communications.

## LECTURE

*On Hooping-Cough.* BY L. M. LAWSON, M. D.—Continued from Vol. xiii, No. 9, p. 645.

*Causes.*—The origin and mode of propagation of hooping cough involve several disputed questions. Some contend that it is unconditionally contagious; others ascribe it exclusively to atmospheric influences, wholly independent of contagion either in its origin or propagation; while an other class, taking a middle position between these two extremes, contend that it may arise from meteorations causes, and afterwards become contagious. It appears obvious, however, that neither of the *extremes* can be true; and this is made particularly evident when we advert to the circumstances which govern the spread of the disease in its epidemic and sporadic forms. Thus, numerous examples attest the fact that hooping-cough, in its *epidemic* form, may arise independent of any contagious influence, while *sporadic* cases can be as clearly traced to *personal* intercourse. Our distinguished countryman, Dr. Dewees, adverting to the prevalence of hooping-cough on Block Island, as an epidemic wholly independent of any contagious influence, makes this remark:

"It is a rule with few or no exceptions, that where a disease can be traced to atmospheric influence, it does not prove contagious. Nature, indeed, can hardly employ two such opposite courses to produce the same effect." This reasoning is, theoretically, quite plausible, but unfortunately it is so pointedly contradicted by daily experience, that we are compelled to regard it as an erroneous induction. The prevalence of a disease as an *epidemic*, affecting whole communities, renders it very difficult at times to distinguish between the atmospheric and contagious origin of many cases, which may, with equal propriety, be ascribed to either mode; but where a contagious disease occurs *sporadically*, but little difficulty is experienced in tracing its propagation from person to person. Thus, it often happens that a child affected with hooping-cough and conveyed to a family residing in a district entirely free from the disease, will impart the affection to those with whom it comes in close proximity; and from such a source the disease may spread through an entire neighborhood, by personal intercourse. Or,

a child, residing in an unaffected district, may be taken to a family where the disease prevails, contract it, and afterwards propagate it anew to those residing in healthy localities, and at remote points. Such examples are too common to admit of doubt or misapprehension, and they prove beyond all question, that the disease *may* be propagated by personal intercourse, even when the atmosphere has no epidemic tendency; in other words, by unmistakable *contagion*.

A very remarkable example of the contagious propagation of hooping-cough has been recorded by EYDOUX. In an account of a voyage around the world in 1830, '31, '32, Dr. Eydoux mentions that at Van Diemen hooping-cough had been imported, for the first time, by a young prisoner, four years before, and that the disease afterwards destroyed many victims. Such an example is peculiarly instructive, and admits of no other explanation than that of contagious propagation. Many similar examples might be cited, but the contagious character of the disease has been too well settled to require at this time any formal defence of that doctrine. It does appear, therefore, that hooping-cough has two modes of origin. One is from general or meteoratious causes, and the other from specific contagion.

In regard to *epidemic* hooping-cough, it may be remarked, that it is generally limited to certain districts of country, or neighborhoods; but, at times, it spreads over entire countries, pervading almost every house where suitable subjects reside. Thus, in 1732 the disease overran nearly all Europe, and extended to Jamaica, Mexico, and Peru. In such visitations we are often unable to trace the origin of the disease, or its propagation to any obvious cause, although its contagious character remains distinctly marked. The greatest differences have often been remarked between the duration and *intensity* these epidemics; in some there are few fatal cases, while in other examples, (even under equally favorable circumstances, so far as relates to the condition of the subjects and appropriateness of treatment) the disease proves quite fatal. It is to be remarked, however, that the fatality of hooping-cough does not seem to arise so much from a mere increase of its own intensity, as on the violence of certain *complications*; thus, during some seasons, the predisposition to certain local affections (such as bronchitis, pneumonitis, cerebral congestion &c.) is very great, and the occurrence of these secondary lesions consitutes, in the main, the fatality of the disease. It is a somewhat curious fact, too, that epidemics of former pe-

riods were more fatal than those of recent date. This difference may be ascribed, in part, to better views of the pathology, and consequently of treatment, in recent times; but it is probable that the earlier epidemics were more violent *per se* than those of later date.

The disease is not limited to any particular climate or season, nor do these exercise more than a very slight control over its march and violence. It is, however, a little more prevalent in spring and autumn, and proves more intractible during cold and variable weather; but no season or latitude can arrest its march, and none very materially modify its course. It is affirmed, it is true, by Dr. Watt, that the disease is more frequent and grave in northern regions; but Penada declares that hooping-cough is less frequent among the people of the north, and less terrible in its consequences, than in those countries of the meredian of France and Italy.

Hooping-cough is common during infancy; and its most frequent attacks occur from birth to the period of second dentition. M. Blache has given the history of 130 cases, in which 106 ranged from 1 to 7 years, and only 24 from 8 to 14; in 29 cases noted by Rilliet & Barthez 26 were between 1 and 7, and 3 between 8 and 12; and in 49 cases observed by Dr. J. F. Meigs (*Practical Treatise on Diseases of Children*) there were 9 under 1 year, 37 between 1 and 7, and 3 between 8 and 10 years.

In regard to *sex*, different opinions have been entertained. Of the 130 cases recorded by M. Blache, 69 were girls, and 61 boys. Dr. Constant made observation at *Phopital des Enfants* with the following results: Of 900 boys, 27 or 1 in 33.33 were attacked with hooping-cough; while of 400 girls 18, or 1 in 22.40 contracted the disease. In Dr. Meig's 49 cases, there were 27 boys and 22 girls, giving a preponderance to the former. The general statistics prove, however, that the disease is somewhat more frequent among girls, although the difference is not very great.

After the age of eight or ten years, the attacks of hooping-cough are much less frequent, although it occasionally occurs in adults and even old persons. I have often observed, also, that parents and nurses, who had already suffered from the disease, would after long exposure to it, (as in nursing,) contract a cough of some intensity, evidently arising from the contagion of hooping-cough, although its essential peculiarities were not developed, in consequence of the natural predisposition having been destroyed. In regard to the re-currence

of the disease, we are compelled to admit, that in some rare instances, it has been contracted a second time; but on the other hand we have the united testimony of the entire profession, that, *as a general rule*, it occurs but once. M. Rosen remarks, that during thirty-two years experience, he has never known an infant to take it twice.

Hooping-cough is not readily propagated at any considerable distance. M. Rosen affirms that the contagion can be transported from one house to another; but M. Guernsent, on the contrary, is of opinion that the infants should be near enough to receive the emanations from the breath. A remarkable exception to the opinion of Guernsent, is recorded by Dr. Hœussler (*Dict. de Med.*) in which the disease was contracted by sleeping in the apartment which had been previously occupied by a patient laboring under hooping-cough. We are not authorised, therefore, to deny but that the contagion may adhere to substances, and thus be transported, or that it may be wafted through the air, to a limited distance, sufficiently concentrated to admit of propagation. But such examples are certainly not numerous; and I am inclined to think, with M. Hœussler, that this peculiar contagion occupies a middle place between the more fixed and the volatile poisons. As a general rule, therefore, it is too volatile and evanescent to be communicated without inhaling the breath of the patient, or the atmosphere of the apartment in which he is placed.

The contagious property becomes gradually exhausted as the disease advances. It is not certain, however, at what precise period the disease becomes contagious, nor when that property ceases to operate. We are warranted in believing, however, that it is not communicable until pretty fully developed, during the catarrhal stage; and that it does not cease to be propagated until the second stage has nearly subsided. Cullen fixed the limit of contagious propagation at from four to six weeks; but it is evident that the variable progress of the disease renders it impossible to mark out with any tolerable precision the duration of its infectious element. We may safely assume, however, that it is more actively contagious during its most complete development—perhaps towards the close of the first stage. The period of *incubation* varies from five to ten days. It is a popular opinion that the disease manifests itself *nine* days after exposure; but it is at times prolonged beyond that period, and again falls short of it. In a majority of instances the disease will be developed between the fifth and tenth day after exposure.

*Duration.*—The *duration* of hooping cough has already been referred to in connection with its different stages. It is obvious that its *aggregate* duration cannot be limited to any fixed period. It usually continues from four to eight weeks, and often much longer. When it begins late in the autumn, the cough will seldom cease until the following spring, or beginning of summer. Marley says that he has known it to last two years; but it was probably a chronic bronchitis which had supervened. *Complicated* hooping-cough is necessarily more or less prolonged. In an epidemic in 1747, described by De Hean, it was often protracted to three, four, or even six months.

*Prognosis.*—The prognosis in simple or uncomplicated hooping-cough is favorable. It is comparatively rare that the simple form of the disease proves fatal; but its *complications* greatly increase the danger, and not unfrequently cause an unfavorable result. We must not forget, however, that in very young children, who cannot well sustain the violent and protracted cough, and those who are suffering from the irritation of dentition, a high grade of the simple disease may prove fatal. In such cases death results from exhaustion, supersecretion, or inordinate spasm of the glottis; but it is to be remarked that we usually find in these cases a grade of mucous excitement bordering on bronchitis, and which is more intense than the irritation properly belonging to the disease. It must be remarked, also, that age is an important element in the prognosis. A majority of fatal cases are under one year of age. Of 511 cases that occurred in Philadelphia, 242 were under one year, 135 between one and two, 112 between two and five, and 21 between five and ten, and one between ten and fifteen. This result, which corresponds very nearly with other observations, shows the marked influence exercised by age over the fatality of the disease.

When the more grave complications occur, such as bronchitis, pneumonitis, or affections of the brain, the prognosis is always at least doubtful, and often positively unfavorable. It is important to observe, too, that the constitutional predispositions of the patient often exercise a marked influence over the final result; thus it is found that children of a *scrofulous diathesis* are liable to the development of tubercles; or, if there is a hereditary tendency, or physical conformation leading to disease of the brain, the implication of that organ may be feared, and the prognosis rendered doubtful. The *symptoms* which authorize an unfavorable prognosis are those

indicative of prostration, the excessive accumulation of mucus in the bronchial tubes; and above all, the occurrence of the various complications already named. When the disease occurs in cold and variable seasons, the prognosis is always more unfavorable than when the meteorological conditions are more propitious. The epidemic form of the disease is apt, also, to be more fatal than sporadic cases; and some epidemics exhibit far greater virulence than is common to the disease. The mortality has been known to reach 5½ and even 11½ per cent of the whole number.

*Differential Diagnosis.*—There is great difficulty in distinguishing hooping cough in its initial stage from common catarrhal fever, or mild bronchitis; but as the disease advances, and the paroxysmal cough becomes established, the distinction is no longer difficult. In cases of doubt, we must rely mainly on the prevailing disease, and the probable exposure of the child to contagion. It is hardly probable that sporadic cases will originate from any other cause than contagion.

But we have still greater difficulties in diagnosis. Paroxysmal cough, and even the *hoop* may occur independently of *true* hooping-cough. Thus bronchitis is sometimes associated with unusual irritability of the larynx, giving rise to a *hoop*, and occurring in distinctly marked paroxysms. In such cases great care is necessary to avoid mistakes; but we will generally find *bronchitis* commencing suddenly and without the precursory catarrh of hooping-cough; the fever is more intense, and the signs of thoracic disease more marked. In hooping-cough, the initial symptoms are comparatively mild, and finally, mucous secretion is copious and glairy, while that accompanying bronchitis is far more scanty. The *physical signs* of bronchitis are less marked in hooping-cough than in veritable bronchial inflammation. In the more advanced stages of these two forms of disease, the symptoms are very nearly the same, and we must rely mainly on the early history to establish a diagnosis.

Rilliet and Barthez have dwelt forcibly on the diagnosis between hooping-cough and tuberculization of the bronchial glands. It is obvious, however, that this difficulty can only arise in the *advanced* stage of hooping-cough, or when it becomes extremely chronic. Now, under what circumstances would hooping-cough come to resemble tuberculous disease? Certainly at an advanced period, and when there was either chronic bronchitis, perhaps with ulceration of the mucous

tissue, or actual development of tubercles, as a sequellæ of the disease. In the first condition, or chronic bronchitis with emaciation, the physical signs will generally be sufficient to distinguish the two affections; and if tuberculous disease exist, it will be a matter of but little importance to determine (which will usually be impossible except by the history) whether the disease had been early associated with hooping-cough, or had supervened as an idiopathic affection. It is true, it would be at least satisfactory, and we may say useful, to determine such a question; but it is clearly not of that vital importance which MM. Billiet and Barthez, and their followers, have inculcated. In either event, we have to deal with a tuberculous affection which is usually fatal, whether it occur as an original disease, or as a complication or result of hooping-cough. Moreover, tuberculous disease of children is much less common in the United States than in the crowded European cities, and affords fewer opportunities for observation, and less frequently embarrasses the practitioner.

*Treatment.*—The first rule to be observed in the treatment of hooping-cough is, that the administration of remedies must be regulated by the different *stages* of the disease. Thus, remedies appropriate to the initial or catarrhal stage would prove at least useless, and often pernicious, in the third stage, and so on. Moreover, it is a great error to suppose that a *specific* treatment can be adapted to all cases, for we will find so many variations in the complaint, as it is manifested in different persons, places, and seasons, as to defy all attempts to establish a uniform or invariable course of medication. But I may state that hooping cough being a *specific* disease, its course is more uniform than many other affections, and that we are thus enabled to indicate the proper remedies with more certainty, than in ordinary affections. Many practitioners, however, are too much prone to seek for specific agents; and it will become apparent as we proceed in detailing the treatment, that a large number of proposed remedies have been introduced and employed empirically, which will account for the long list which has been resorted to by different physicians.

*Treatment of the first stage.*—Keeping in view the several well defined periods of hooping-cough, we necessarily advert first to the *catarrhal* stage. In ordinary or uncomplicated cases, the treatment of this stage is exceedingly simple. The specific character of the disease forbids the expectation of cutting it short, (although some suppose that it may be ar-

rested;) still a judicious course of medication will modify its intensity, and thus render the future course comparatively safe and manageable.

The remedies suited to the first stage are those commonly employed in mild bronchitis, or catarrhal fever; used, however, with less freedom, but longer duration. An occasional emetic of ipecacuanha, alone or combined with antimony, followed by expectorating and nauseating portions of the same preparation, will serve to moderate the febrile excitement, and to subdue the local irritation. If there be much excitement, indicative of unusual severity, the antimonial preparation may be ventured upon; but, as a general rule, the ipecac will be found sufficiently active, and is far less liable to prostrate the system, or irritate the gastro-intestinal mucous membrane. We may, however, with entire safety, in most cases at least, combine the James' powder with the ipecac, for in that form, the antimonial is comparatively mild, and is not apt to induce local irritation.

In connection with the nauseants and diaphoretics, the warm bath and inhalation of simple vapor, are valuable adjuvants; they promote diaphoresis, lessen irritation of the mucus membrane, and materially aid in reducing the general excitement. In simple cases, blood letting is seldom required; in the plethoric, however, where the excitement runs high, and especially if there be a tendency to cerebral disease, it may become expedient. But, as a general rule, I would counsel you against it. Should the bowels be constipated, mild aperients must be given, such as emulsion of castor oil, or flowers of sulphur; or calomel may be combined with the ipecac, and thus secure the aperient and nauseating effects conjointly. It is important, however, to guard against excessive purgation, for such an event cannot fail to prostrate the patient, and cause local irritation, and thus exercise a most pernicious influence over the course of the disease.

The treatment of the *second* stage, which is altogether the most important, must be deferred to the next lecture.

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*Chloroform,—its Uses, etc.* By Dr. J. E. Thompson, of Cadiz, Indiana.

There is a prevailing opinion among the less informed part of community, and indeed, in some degree prevalent among those more highly informed, that "chloroform is so likely to

destroy life, that it should not be used by Physicians." It is true, it may produce alarming effects, and sometimes death, when improperly, or excessively used; but this is no argument against the *salutary* effects likely to result from its proper use. Even the medical profession are divided in regard to its *use* and *effects*. Professor Mitchell, in his treatise on Materia Medica and Therapeutics, states "that an agent like this (Chloroform) should often excite the hearts action violently, and *always* accelerate its pulsations more or less, as well as develop the usual phenomena of stimulation, will not excite the wonder of any who recollect what the appropriate effects of stimuli are." Professor simpson thinks "The effects of chloroform are regulated by the peculiarity of the individual: but as a general rule, there is *no excitement*." [See Rankin's Abstract for January, 1848, p. 347.]

Mr. Sibson of Nottingham, classes chloroform with ether and alcohol, as much as to say that it is an excitant. Dr. Murphy says "that its anodyne effect is produced without any previous, or subsequent excitement: and that it *subdues* nervous irritation caused by severe pain."—[Medical Gazette, March 31, 1848, p. 551. Dr. Braithwaite in his "Retrospect" of Jan. to July, 1848, p. 322, says "that chloroform, if used effectually, induces at the least cerebral unconsciousness,—in other words, a temporary paralysis or suspension of the functions of the brain." Some writers state that "it has a sedative effect upon the system;" but it is unnecessary to multiply quotations further, as any physician can refer to additional evidence on the same subject: for our part, we have experimented on several healthy individuals, and have found the number of pulsations to decrease 4 per cent. during the inhalation. In cases of infantile convulsions, authors recommend for subduing the paroxysm, bathing, bloodletting, friction, etc., which in reality do little or no good, all being more or less inconvenient: thus the infant is left almost wholly without treatment. We have been in the habit through the past season of cautiously using chloroform in all such cases, and have found the most happy effects resulting. In the first case that we used it, we were summoned in great haste, and found the infant apparently in the agonies of death. It had been in that condition for seventy-five minutes: the fontanelle being elevated, pulse small and thready, breath irregular, eyes turned upwards and pupils contracted, muscles rigid, thumbs firmly clenched, and great toe drawn inwards. The family weeping, and exclaiming "O, Doctor, can any

thing be done?" We were immediately set upon our "wits end" to know what should bo done in this case; and with "telegraphic speed" our mind reverted to the vial of camphorated chloroform in our portmanteau, which we applied to the child's left nostril, and in about *two minutes* we had the infinite gratification of observing a decided improvement in the pulse and breathing, and the gradual subsidence of the paroxysm. We then left directions, should the paroxysm return, to wet with chloroform a small bunch of cotton, and lay it on the upper lip until relaxation began, then immediately to remove it. On the next day we returned; and learned that the paroxysms had recurred three times, but were immediately subdued by the prescription. In the above case, determined to know the efficacy of this medicine, we gave no other, except a few doses of placebo. In the second case of infantile convulsions, the treatment was similar, with a like happy results.

In cases of *threatened abortion* we have used chloroform with undoubted advantage. In one case, after a lady had been for fifteen hours treated unceasingly with *steam, witch-hazel tea, &c. &c.*, with increased hemorrhage, and greater severity of "pains," we were called, and learned by inquiry that she had two days previously, fallen, whilst taking a pleasure walk. She had been two months pregnant, and an examination per vaginam revealed *anterior retroversion.* Opium had been used the night previous, without any diminution of pain; the pulse, from loss of blood and the most excruciating pain, was small and thready. She was scarcely able to raise her head. We gave her by inhalation through one nostril, camphorated chloroform,—continuing the inhalations every alternate three minutes, for fifteen minutes, when she felt perfectly comfortable, and slept for twenty minutes; when she awoke much revived, with pulse improved. The uterus was then placed in its proper situation, the hemorrhage ceased, and the pains did not return till the next day, when a few more inhalations relieved her, and she was, in two or three days, able to be about.

*Typhoid Fever.*—In the typhoid fever which has been epidemic here for about two years, we have used the camphorated chloroform internally, in doses of 30 drops every eight hours; and under its influence patients have invariably felt greatly relieved from the *buzzing* and *tinnitus aurium*, and we have noticed a decided diminution in the frequency of the *evacuations.*

# Clinical Lectures, and Reports.

## COMMERCIAL HOSPITAL, CINCINNATI.

*Medical Clinic*—Professor LAWSON attending Physician. Record by D. R. DYCHE, M. D., Resident Physician.

The following cases were brought before the medical class, by Professor Lawson, at the regular clinics, prescribed for and explained, as appears in the subjoined commentaries.

*Case* 1.—PNEUMONIA.—Michael Cooper, aged 26, laborer, was admitted into the Medical Ward, Dec. 14th, 1852, when the following history was obtained. Five days previously had been much exposed to cold and variable weather, when he was taken with a chill, followed by febrile reaction, cough, and pain in the chest. In addition to this, the patient had diarrhœa. At the present time, he has cough, with scanty, rust-colored sputa, dullness on percussion over the posterior part of the right lung, with very distinct bronchial respiration, corresponding to the same part. Pulse 112, and feeble, heat of surface slightly increased, tongue moist, red at the tip and edges, and covered with a white coat in the centre.

℞. Pulv. Dov.
Hydrarg c. creta, aaʒj.

M. and divide in four parts, one to be given every four hours.

Dr. Lawson saw the patient in the evening, and directed eight ounces of blood to be taken from the arm, and the same quantity from the affected side by cups; after which, the chest was ordered to be enveloped with flannel dipped in hot water, and surrounded with oiled silk. The following medicine was given internally:

℞. Morph. Sulph.
Ant. Tart. aa gr j.
Aq. Distill. ʒiv.

M. and give ʒss every three hours.

At this time, exploration with the stethoscope did not reveal the crepitating rhonchus; there was, however, rapid breathing, extensive dullness over the posterior and inferior portion of the right lung, and distinct bronchial respiration.

Dec. 15th.—The crepitant rale very distinctly heard over the entire right side of the chest, except at the upper and anterior part; there is no change in the degree or extent of dull-

ness; respiration, 32: pulse in about the same condition as before the bleeding.

Continue medicine, and apply cups to anterior part of the right side.

Dec. 16th.—Pulse somewhat diminished in frequency, (being now 105 to the minute,) and increased in fullness, surface warm and moist. Crepitation over a small portion of the posterior part of the left lung.

Continues medicine.

Dec. 17th.—Crepitating râle and dullness on percussion as distinct, and over the same extent, as before, pulse 95, full and slightly increased in force, bowels regular, tongue nearly natural. Cough and expectoration about the same as when admitted.

Dec. 18th.—*Sub-crepitant* râle over right side of the chest, and over a small portion of the posterior lobe of left lung; respiration 32; pulse 80 and nearly natural in force and volume.

Continue treatment, and apply cups to affected part of left side.

Dec. 20.—Sub-crepitant râle less distinct, dullness remaining the same; respiration 32; pulse in the same condition; sputa still scanty and tenacious, but not quite so high colored; surface warm and moist.

The patient after this improved rapidly, and was convalescent in a little more than a week from the time of admission.

*Commentary.*—In reviewing this case, we find several points of special interest and worthy of some attention. In the first place, the absence of the *crepitus*, at the first examination, is an unusual occurrence, especially when we observe the progress which the other signs had made. There was *extensive dullness* and *bronchial respiration*, over a great portion of the posterior part of the right side, and yet not the slightest crepitus existed. The patient had been ill five days, and he presented a pretty fully developed case of *pneumonia*; and within twenty-four hours from that time, the crepitating rhonchus was fully and completely developed.

I will not indulge in conjectures as to the cause of the late appearance of the crepitus, but simply state the fact as a curious and interesting feature in the history of the case. It should be mentioned, however, that the *dullness* was more extensive than could fairly be ascribed to the mere engorgement of the lung, and doubtless arose in part from serous

effusion within the pleural sac, as a result of slight inflammation of that tissue. And in addition to this, the engorgement was somewhat less *active*, and more *passive*, than ordinarily attends pneumonitis; so that these causes combined, (depression and serous effusion) prevented the development of the crepitus. However this may be, the crepitus did not appear until *after the bleeding*, (by which the *oppression* was mitigated,) and the pulse became fuller, more forcible, and less frequent, with a warmer skin. But whatever explanation we may adopt, it is well to remember, that pneumonia *may* exist without crepitus.

In relation to the treatment, I remark, first, that it was a question whether the patient would be benefitted by blood-letting, or whether he would *bear* it. The pulse was 112, *and feeble*, and the heat of the surface but slightly elevated. It was evident, however, that there was a state of *engorgement* of the lung, which oppressed the vital powers, and prevented reaction. Hence, bleeding was resorted to, and the effect was to mitigate the oppression, to produce a fuller and less frequent pulse, and a warmer skin. This case illustrates an important point in regard to the detraction of blood when the system is oppressed. We must not, in such examples, be too easily frightened by *seeming* debility; the prostration is often more apparent than real, and is to be removed by depletion.

In the next place, the *tartar emetic* and *morphine* constituted the principal internal medication. Tartar emetic you know is a standard remedy in pneumonia; but it is not usually combined with morphia. My own impression, however, is, that the addition of morphine, in many cases at least, is an exceedingly valuable adjuvant. It certainly meets one important and prominent element in the morbid action, namely, nervous excitement. No case of inflammation can exist without involving the nerves, and what more appropriate remedy can we employ for that condition than the morphine? I am in the habit of resorting to this combination, in many cases, especially after depletion. In this case the morphine would not have been appropriate or beneficial prior to blood-letting, but might have even increased the engorgement.

The only additional feature in the treatment worthy of note, is, the employment of *fomentation*. The entire chest was kept *constantly* enveloped with flannel dipped in hot water, and surrounded with oiled silk, to prevent too rapid cooling and evaporation. I regard moist fomentation as an exceedingly valuable application in pneumonitis, though one

not usually much employed. It exercises a far more kindly influence over the inflamed tissues than blisters, especially at an early period; and I should feel that my patient had not received the full advantages of artificial aid, if it were neglected. I do not altogether object to blisters, for they are at times serviceable; but in a large proportion of cases the hot flannels will be found far more comfortable, soothing, and *curative*, than the blisters. In children it is a remedy of great and superior value.

CASE 2.—SPINAL AFFECTION, SIMULATING DISEASE OF THE KIDNEYS AND BLADDER.—James Dolan, aged 20; laborer, admitted Dec. 20th, 1852. The present symptoms were noted at the time of admission: Severe pain in the loins, extending to the right groin, and down the thigh; retraction of the testicle of the same side; urinary secretion scanty, (about 4 oz. in 24 hours,) and deposites on cooling a copious red sediment; great irritability of the bladder, causing frequent micturition; has slept but little for several nights; surface about the natural temperature and moist; pulse small, somewhat increased in frequency, and moderate in force; bowels rather constipated. The pain in the loins has existed for eight weeks, during which time the urinary secretion has been scanty.

*Commentary.*—A superficial examination of this case would leave a doubt whether the disease was located in the kidneys or bladder. The frequent and painful micturition, (the uneasy sensation extending to the end of the penis,) gave some evidence of stone in the bladder, at least sufficiently decided to justify an examination. With this view, the Professor of Surgery (Dr. Braxley,) was requested to introduce the sound. The introduction of the instrument caused much pain, but no calculus could be detected. Finding no stone in the bladder, it became necessary next to inquire to what the irritability of that organ was due, and how far the kidneys were involved. On examination of the lumbar region, over the kidneys, some degree of tenderness on pressure was detected; but the pain was rather diffused, and not apparently limited to the renal organs. It was observed, also, that the pain was greatly aggravated on assuming the erect posture, and that the motion of the lower extremities, in an effort to walk, increased the difficulty. The patient moved his limbs in a slow and cautious manner, and was much disinclined to rise or move. There was no evident loss of motion, but the

movements were less free than natural, and evidently gave pain, and there was some degree of numbness.

The general as well as local symptoms indicated a more profound lesion than mere congestion or irritability of the kidneys, and attention was at once directed to the spinal column. Firm pressure over the lower portion of the dorsal vertebræ, revealed a very considerable degree of tenderness; and it was evident that the severe pain was referable to this region. This fact led to further examination. On extending a line from the cervical to the lower part of the lumbar region, some degree of lateral curvature was perceived, and, also, there appeared a slight *prominence* at the latter point.

These facts can leave no doubt that the disease is *spinal*, and not either renal or vesical. It presents a very curious and most interesting assemblage or phenomena; and I have not the slightest doubt that the deranged secretion of the kidneys, and the irritability of the bladder, are due to the morbid state of the spinal cord. It is well known that the secretions generally are largely under the control of the nervous function, and any derangement of the latter necessarily impairs the former; and what is thus true, as a *general law*, is still more forcibly developed in the control exercised by the condition of the spinal cord over the secretion of urine. Extensive disease of the cord always deranges, more or less, the urinary secretion; and hence we can comprehend the relations between the cord in the present case and the kidneys. In relation to the bladder, the same is true. Irritation of the cord is very apt to involve the bladder, and I have seen examples in which the ablest surgeons had sounded patients for stone, so strongly were the symptoms of that affection developed, and yet the vesical irritation depended wholly on spinal disease. And in addition to this, the highly concentrated condition of the urine was calculated to add very greatly to the excitement of the bladder. Thus we can fully account for the irritability of that organ.

As to the disease of the spine itself, it is evidently of an inflammatory character, though doubtless partaking of a scrofulous nature, involving possibly the bones, certainly the inter-articular tissues, and extending partially to the substance of the cord. It may be taken, I think, as the type of a class of cases far more numerous than is generally supposed. Such a case passed over hastily, or superficially examined, would result in a conviction that the disease was located in the kidneys

or bladder, or both, while the spinal affection would be disregarded.

The *treatment* must be directed in part to the local affection, and in part to the constitution. The first object is to remove the inflammatory action, and to improve the urinary secretion. The treatment must be commenced, therefore, with local depletion, by means of cups, and the administration of diuretics. It will be remembered that the urinary secretion was nearly suspended, there being only *four ounces* discharged in twenty-four hours.

After the application of the cups, the following prescription was ordered:

℞ Carb. soda, gr. v.
Infus. uva ursi ℥j.

Repeated every four hours.

The application of the cups, repeated several times, have had the effect to relieve, in a considerable degree, the local tenderness; while the diuretic produced a copious flow of urine. The urine has now a specific gravity of 1015, a slight acid reaction, and contains no albumen. The irritability of the bladder has nearly subsided, and the uneasiness in change of posture is less, though not removed. When he bends forward, in the *stooping* posture, he experiences considerable pain in the loins, and has but little strength in that position.

The future treatment will embrace counter-irritation, and constitutional remedies, such as the hydriodate of potassa, and analogous agents.

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# Correspondence.

*To the Editor of the Western Lancet.*

New York, Dec. 6th, 1852.

Dear Sir:—A stray number of the *Western Lancet* having reached me, by the courtesy of some unknown friend, I immediately felt a *penchant* for writing for your columns, somewhat of the sayings and doings of the doctors in this region; if I can find any thing in the medical atmosphere which will be likely to interest your readers, who if like I was when a western man, may be curious to know the news and even the gossip of New York.

There will be little method in my letters, and hence you

must expect me to be desultory, yet you shall have the truth *sans peur, et sans reproche*, and may do what you please with it.

And, first, of Quackery, here, there is no end, and though you may have thought that Cincinnati is "the paradise of Quacks," yet your specimens are only a feeble imitation of those flourishing in New York, either in numbers, variety, or enormity of imposture. The most successful are those who hold the diplomas of medical colleges, and under this shelter, throw themselves before the public as having been converted from the "old school" after proving by experience that there is nothing good in "allopathy," and have hence become Homœopathists. They forget to tell, however, that to a man, they found "allopathy," in *their* hands a *starving* business, and that they despaired of bread unless they took refuge in some device of Quackery. And they even claim merit, as they say, for having gone only so far as Homœopathy, which they call the most respectable sect of the irregulars!"

One or more of these choice spirits, has taken upon him *foreign* airs, cultivated huge whiskers, mustaches, imperial, goatee, and all; distorted and deformed the hair of the head to resemble a wig; mounted spectacles and eyeglass; sported a variety of carriages and horses and servants, in the style of the pink of aristocracy; and in habits of living, eclipsed all his neighbors. He announces splendid preparations for office business, during the hours for which he sits in state, with rich ornamental gown, corded and tasselled in the latest French fashion, with slippers of gold lace, and smoking cap similarly decorated. Having arranged it with certain quassi patients to call, and as decoy ducks, draw up a line of carriages in front of his door, his liveried man servant introduces each stranger into his front room, whence one by one, the patients pass in rotation to a middle chamber, where two secretaries are seated at a long table, to whom the symptoms are to be disclosed and then recorded, when with the manuscript in hand, they are ushered into the august presence of the Conqueror, whose hand being "crossed with gold," now reads the symptoms, and like "Sir Oracle, opens his mouth," and prescribes the mystical antidote. Unless, indeed, the aid of his female Clairvoyant is necessary to look at the "insides," to detect the malady, for which an additional half eagle is demanded. But as many cases are beyond her art, and the patient becomes impatient for relief, the mountebank postpones farther treatment until "the spirits are consulted," by

the "circle of rappers" which statedly meet for the purpose in the witching time of night," when the "mediums" partake of the good cheer of the Doctor's hospitality, and knock out the infinitesmal drugs which his patients require.

This is but one species of the genus of which there are several here of greater or less identity, and all of them enjoying patronage and pelf.

I shall describe others of the fraternity in a future epistle, when I shall possess myself of the particulars, as in this case, from a living witness, who went incog to the conjurer to see what was to be seen.

Meanwhile, I will relieve your wonder that the exposure of these charlatans on the spot, does not annihilate them. There are, it is true, four of the medical press here, but except Dixon, of the *Scalpel*, they all put themselves on their dignity, and if they allude to the quacks, all seem to be afraid of soiling their fingers. Dixon does sometimes let out upon these gentry in fine style, but his blows fail of their effect by their comicality. Then we have a *Medical Gazette*, and *Journal of Health*, from whose editors, it might be expected that no quarter would be given to the quacks. But Reese is too busy for so small game, while he is so much in earnest in battling with the quack professors, whom he judges to be the authors of all the inferior quackery, by degrading medical education into a mere trade, and depreciating diplomas by offering them like "meat in the shambles," turning their school into a market place; and he seems resolved to overturn the tables of the money-changers. Hence he lets the lower order of quacks go "scott free," while he belabors the false pretences of the University school, their plagiarisms, advertisements, and unworthy traps to catch students. And as to the old Journal of Medicine here, Dr. Purple is too grave and dignified to do battle for or against any body, keeping always in the beaten track. And so far as I have seen, the *Times*, which is the new journal, not a word is said of the quacks, possibly for fear of giving them notoriety, a mistaken policy by the way. For if the medical press were to speak out in plain terms, as the daily press does in reference to other and kindred public impostors, the effect would be felt throughout all the ranks of quackery.

As to the medical schools here, I have looked into them all now in session. The old college seems to be in advance this year of both the others, their old building being well filled with students. Both the others have new and spacious build-

ings, but their classes taken together I should think would not equal that in Crosby st. The University school is better attended than the New York school, which last has been opened but two years. I should suppose that in the usual way of making catalogues, the proportion of students in the several classes would stand thus, viz: Old College, 300,—University 150,—New School, 100,—making 550 in the three schools, which is said to be more than usual in New York, though I had supposed otherwise.

There are several hospitals here, viz: 1. The New York Hospital in Broadway, averaging some 300 patients;—2. the Bellevue Hospital, a pauper establishment, averaging 500 patients;—3. the Emigrants Hospital, averaging 1500 patients;—4. St. Vincent's Hospital, 50 patients; besides the several hospitals in the neighborhood, at Quarantine, Blackwell's Island, &c. A new hospital is about commencing called St. Luke's Hospital, to be founded by the Episcopal Church.

At most of the hospitals, dispensaries, infirmaries, &c., of which there are many, Clinical lectures are in progress by the physicians and surgeons in attendance, to which all students have access.

I have thus hastily sent you a few scraps, and if my disinterested narrative is acceptable, you shall hear from me again, possibly as often as once a month. Yours, &c.

WESTERN.

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PHILADELPHIA, Dec. 15, 1852.

*To the Editor of the Western Lancet:*

According to promise, I sit down to *dot* down a few things concerning medicine, medical men, and things in our city of brotherly love, hoping that the fair city of Cincinnati will take pattern by our virtues, and warning from our faults.

I think we have no very great men—Galens, for instance, Harveys, Hunters, or Rushes—now living among us, about whom to indite a line or point a scientific moral. We have, however, numerous men of good intellectual calibre, men who have and will make their mark upon the first portion of the last half of the 19th century. In obstetrics, for instance, you doubtless read with pleasure, in common with the whole pro-

fession, here and abroad, the thoughts and vagaries of my old and tried friend, Prof. Meigs. Of a nervo-sanguine temperament, unencumbered with the "fuel of respiration," (fat,) he moves about our city honored and respected by all sorts and conditions of men. We consider Dr. M. a *genius*, perhaps the most decided specimen of that class among us; especially among the older practitioners; but genius "is always young," you know, and so it seems with Dr. Meigs. We, as the world does with other geniuses, laugh at his vagaries and follies, and admire and praise his talents and true science.

I suspect that like a good Shanghai, (now, by the by, all the rage among us,) he has nearly laid all his good eggs, and will soon set in that nest where all at last set, until, like the Phœnix, we rise again from our ashes. The present Autumn has been signalized by a severe epidemic of influenza, and our citizens have one general but varied bark, or cough, like half grown dogs.

It attacks (the influenza,) the patient generally with a rigor, accompanied or followed by great pain in the bones; followed also by febrile reaction, thirst, &c. The weather has been mild; very little ice has as yet been made in this part of the country.

The medical schools are in full operation, with about the usual classes. The whole number of students in the city being about twelve or perhaps thirteen hundred.

You will remember, perhaps, that the old fashioned mode of obtaining clinical instruction—viz: walking the wards of a hospital, is now almost entirely exploded. There is but one hospital in our city open to the pupils of the colleges. The substitute for this (which has grown up, I believe, chiefly from the rivalry of the Professors of different schools for the posts of hospital surgeons and physicians,) is found in what are denominated "college clinics." We are in this way rapidly assuming the position of the English medical schools, only the modus operandi is reversed. In England, the hospital is established first, and the scholastic department is added; while with us, the college is first erected, patients flock to it for relief, and a hospital is soon attached. Our colleges all have attached to them one or more wards for the reception of surgical patients, after operations, and some severe medical cases. In this way, hospitals will doubtless be connected with the colleges. A few years since, the public alms house, now denominated the "Blockly Hospital," was open for the instruction of students in clinical matters, at ten dollars a ticket;

but the cause above stated produced in the public authorities a determination to exclude all medical men but those absolutely necessary to the interests of the institution, and these are regularly paid *respectable* salaries; that is, about as much as you pay your coachman or waiter.

Speaking of these medical salaries, did you see the account given by the last No. of the London Lancet, of the salaries received by the hospital surgeons in that city? *Almost nothing.* We are following rapidly in the footsteps of our illustrious predecessors, and in my opinion, the medical man is the worst paid member of the community, in proportion to the amount of labor he performs, and the importance of the services he renders to that community. But let that pass. Our hospital cliniques are the real feature which distinguishes one school from another; and the skill with which they are conducted, mark the success of the institution. We have, it is true, many very good teachers in the schools, and some original thinkers, but these things are not enough to attract the neophyte in medicine. He cannot *see* them, but an operation, ever so small, especially if blood be shed, he is wide awake to; consequently, the professors, during the autumn and summer, are collecting all the bloody cases possible, in order to make a large show at the beginning of the session. But my sheet is full. More anon. HALLER.

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### ORGANIZATION OF THE AMERICAN MEDICAL ASSOCIATION.

*To the Editor of the Western Lancet:*

I showed you in my last communication, how superlatively Dr. March was mistaken in representing Dr. Hays' plan as "not essentially changing the general features of the organization;" showed you particularly how it changed every thing exeept the representation from County societies; how it cut off hospitals, lunatic asylums, the army and navy, members by invitation, permanent members, all associations for teaching, all societies except County societies, with a delegation of only four from state societies however large; all the schools of Medicine except those few who may live up to a certain standard which he prescribes; that from these few he admits only a single delegate; that his limited admission from the schools, he does not consider as correct in principle, but merely as expedient, hoping it will goad on the delin-

quents to their self improvement, in order to obtain a representation in the great body. But I did not adequately express my astonishment, that Dr. M. who was at Richmond and represents himself as attending to this very business (see his last page) that Dr. M. a professor and one of the momentous committee of 9 should have found it possible to make so great a blunder. He accuses me but without proof, of being "not quite posted up" in the history of the Association—let me recommend him to *post himself up* in the business done at Richmond where he was present.

He says my *address is before him*, and yet he is *not posted up* therein; for he represents Dr. Yardley's report at Richmond as "evidently founded" on my views. Now he ought to have read in that address which he criticises, that Dr. Yardley was the originator, that he brought it before our Cy. Soc., that it was considered there in 3 stated meetings, and then passed with the addition of a delegation from state societies; that this very plan as thus amended, Dr. Yardley reported at Richmond. Dr. M. might have read in my paper, that my plan was opposed to this in some points; it was more consistent with Dr. Davis' "old fur cap" and also with Dr. Knights *Presbyterian garments;* every one too would *a priori* have thought it agreeable to Dr. Hays' "meekness and humility"—it denounced the proposed representation from state societies. Thus you see Dr. Y. reported his own original plan at Richmond as amended by our County Soc.; and I must now add, that all this work from first to last, was done at the County Society without my taking any part therein, and that it was begun without my knowledge. Dr. Y's plan was approved by our state society 28 to 2 in 1851, many of the country members, who would have voted for it, having gone home.

Dr. M. says that on our plan "the whole control of the Association would be in the hands of one Cy. soc. of a single state" if the meeting should be held in a county full of physicians. He says that N. York Cy. Soc. has from 400 to 600 members, who could all be summoned to the carrying of a favorite measure, and he would ask—"what could the remaining portion of the Association do, to stay the force of an avalanche of such local power?" Give him then his highest number and 60 would be the delegation, an *avalanche* that would not overwhelm a St. Bernard dog.

Then the doctor has a long paragraph, p. 774, to show that the interest of the schools and that of the profession, is the

same. True, and this is the very reason we are so anxious on their account. I consider physicians, whether clergy or laity, as having the same interest in a common stock, and that it would be well for them to watch over each other for good. But it is too true, that each party has fallen short in their functions; each has weighed the other in the balance and found it wanting. What then? Then Dr. Davis, a real friend to both parties, hatched out under his "old fur cap," for he has much warmth there, an association for the correction of every evil, and here the clergy and laity met and resolved many resolutions, all in good faith, as we believe, on both sides. But resolutions cannot be carried out all in a hurry, hay-bodies move slowly, the state of the country will not admit of turning every thing upside down without breaking the "golden pitcher." If you screw up the schools too high, you drive thousands into practice without having any schooling at all, and there is no law of the land to drive them back.

Yes, Doctor, the interests of the professors and of the laity are one and indivisible; and in order to make them one harmonious body, I would compel the professors to attend the Cy. societies, and take the lead therein. In May 1847, there existed a few county societies in Pennsylvania, and one of them called a convention of professors, &c., &c., precisely as the general convention had been called to meet at New York. They met at Lancaster, 78 in number, many leading professors among them, and they organized a State society *to consist of delegates from county societies only*. They prescribed the mode of organizing these county societies, and decreed that every man elected into them was *de facto* a junior member of the State society. Under this republican form, county societies have been organized, and both they and our State society have prospered beyond our most ardent expectations. Professors go to the State society as delegates from Philadelphia Cy., in numbers sufficiently flattering to their station; there is no envy or jealousy felt; their going is considered their right, because they are generally the best qualified for the task. This mode of organizing excludes all petty contemptible associations suddenly formed, from sending delegates; and thus the purity of our State society is faithfully and easily preserved.

I proposed in my paper to make every member of a county society a member *de facto* of the State society, and of the association, thus following the example of our State society: to this Dr. M. says—"I do not see how an individual can be benefitted by being called a member of a learned association,

without it confer on him some distinction of honor, emoluments, or rights and privileges." Very well said, and exactly to my purpose. For why do the *prominent members* put down their membership in the title pages of their books? Would not Dr. M., notwithstanding his republicanism, would not Dr. Hays, the "perfect representation of meekness and humility," swell out like Æsop's frog on receiving an F. R. S. from London? It was because I knew that men are apt to be fond of such things, that I presumed it might prove a stimulus to the formation of county societies. When I lived in a village I should have been thankful for this distinction, as the poet said of his garret rooms, "*Quantulacunque estis, vos ego magna voco.*" Dr. M. a professor, may decide this, but Dr. Hays and I having more "meekness and humility," would prize it as the poet did his attic chambers.

Dr. M. would appear to think that we are waring against the professors, and for this unhappy thought we have not given him a shadow of reason. We desire to do them good, to bring them into their proper place, to make them and the laity one harmonious body, to do away all envy and jealousy between them, to yield them the preference on all occasions if they will only receive it with Dr. Hays' "meekness and humility," to have it in our power to send the worthy as delegates, and to keep the unworthy at home till they mend their ways. But our great object is, to encourage the forming of Cy. societies by bringing the professors into them. If these lights of science, each one shining "*velut inter ignes luna minores,*" like the moon with foreign light, would attend the county societies, take upon themselves the business, show themselves interested therein, these societies would therefore become more popular, inferior men delighting in good company would attend them more faithfully, thus becoming inspirited in all good thoughts and good works. In this case the professors would unquestionably be sent to the State society and to the association; and I am even unable to conceive why they cannot protect the schools even better and with more modesty than if they went as delegates from the schools themselves. They have no other portal to the Pennsylvania State Society yet last year there were eight professors to twenty of the laity in Philadelphia county, a full numerical proportion.

It may be inferred from the above, that the professors neglect our medical society. Nearly all of them are members, but very few of them attend. It is however fortunate, that

we have some commanding spirits equal to theirs, who carry on the business with vigor and energy. The same neglect of the professors obtains in our college of physicians, the oldest and perhaps the most respectable medical association in the country. Many of the professors are not members, very few ever attend; they seem to wrap themselves up in their *nobismet vivamus* and to be very happy. Our desire is to bring these luminaries from under their *bushel* and to place them in the zenith, whence they may radiate more light and heat.

Do you ask why we conceive it to be of so much importance to form county societies? It is because they are the organs of the government of individuals. Each member knows the character and doings of all the other members; and they will not be able to look each other in the face, when guilty of any evil doings. It is these constituent societies only that can effectually guard the portals to the profession, to the State society, and to the association.

Some of our opponents say, there is no reason, no call for a reform. But the association itself was clamorous for a reform. When Dr. Atler proposed at Charleston that a committee should be appointed to report a more equitable plan of organization, was not his resolution carried by a great majority of the committee appointed? A proposed reform was carried in the Phil. Cy. soc., in our State Society two years in succession, unanimously approved by numerous county societies over the state, approved by two societies in Cincinnati, by a number of Journals in different sections of the States: and my plan more radical was unanimously approved by several county societies in Pennsylvania, by two societies in Cincinnati, by a number of Journals, and by many of the professors and many of the first physicians of Philadelphia. Even Dr. Hays, Doctor M's "perfect personification of meekness and humility," has declaimed more both in public and private against the present organization than perhaps any other man. For this and many other good deeds and properties, I entertain for him the highest respect as in truth I have always done; and did we live in Cromwellian times when such names as *Praise-God Barebones* and *Fight-the-good-fight-of-faith* White were common, I would propose to call him for the gratification of Dr. March—*Meekness and Humility Hays.*

In my address I said of the Association—"its origin was anomalous, but there was perhaps no other way in which a large body of respectable men could be so quickly got together.

In all cases of difficulties, dangers, or pressing necessities, that cannot be met or subserved in the regular course of action, some commanding spirits may assume a temporary authority. Thus when the stamp act required the immediate action of the American people, the Assembly of Massachusetts Bay took measures to have a Congress called from all the Colonies to meet at New York, and ten Colonies obeyed the summons. So when the state of our Profession in America seemed to require that support and protection which the laws denied, the Medical Society of New York summoned a convention which has resolved itself into the American Medical Association."

To this Dr. M. replies—"this time honored example of calling together a body of men, has been followed up from that day to this," therefore he concludes that it is not *anomalous*. I may not be "quite posted up" in the history of our country and therefore it may result, that I do not recollect another instance of this "time honored example," except the Hartford Convention. But what I have to remark in Dr M's observation is, that he mistakes *anomalous* for *unprecedented* or *unused*. Let him recollect that *nomos* means a law or rule, and that there was neither law nor rule for calling a convention at New York.

I shall probably send you, Mr. Editor, a brief history and exposition of the present state of this "*Concordia Discors*" respecting the organization, for the informing of any portion of your subscribers who may not be "quite posted up" therein. S. JACKSON.

Philadelphia, Dec. 10, 1852.

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NORTH LIBERTY, Dec. 20th, 1852.

*To the Editor of the Western Lancet:*

I wish to make several corrections in my article on "Fracture of Os Femoris," published in November No. of "Western Lancet." I discover quite a number of typographical errors. The first is at page 78, 8th line, for the word *but*, read *hub*. The remainder will be corrected easily by the reader.

The most important point is in the last sentence. There it states that there is no shortening. By some means, I was deceived when I wrote the article; and as we all wish *facts*, I will now state that there is about 1½ inch of shortening.

I am certain this has increased very much since I examined him last; and I presume the *provisional* callus was not all absorbed, and the *definitive* formed, when he commenced using the leg. Now he walks without any assistance, except a cane, and the leg flexes to a right angle with the thigh.

Yours, &c., LEVI D. SHEETS.

# Proceedings of Societies.

*Proceedings of the Third Annual Session of the Indiana State Medical Society*, held in the city of New Albany, May, 1852. pp. 79.

The above proceedings have been on our table for some time, and we desire now to present a brief review of the topics of more general interest.

A memorial was read from the Evansville Medical Society, suggesting the enactment of laws to regulate the practice of medicine. The memorial remarks that laws had been enacted by the Legislature of Indiana, in 1816, 1825, and 1830, for the regulation of the practice of medicine, but which have all been repealed. It is further remarked that these laws had a beneficial tendency, and that since their repeal, quackery has made unprecedented encroachments on the profession. The Society, therefore, suggested that the profession should use its influence to procure the enactment of a code of laws calculated to regulate and protect the practice of medicine. The subject was finally referred to a committee, who reported that they had not time to examine the subject, and moved for a committee of five, to report at the next annual meeting; but, on motion, the following was adopted as a substitute:

"*Resolved*, That a committee of five be appointed by the President, whose duty it shall be to adopt the form of a memorial to be presented to the Legislature, asking the passage of laws restricting quackery, laws of registration to furnish Medical statistics; and that copies of such memorial be forwarded to various members of the profession in the State."

Resolutions were offered in favor of establishing medical schools in Indiana, and a medical journal under the control of the Society.

The resolutions in relation to the establishment of medical

schools, was wisely laid on the table; and a committee reported against the expediency of attempting to establish a medical journal. This committee evinced much discretion in their conclusions, especially in reference to a want of interest which any editorial committee would take in such a journal. Experience has amply demonstrated that such journals do not usually flourish.

The address of the President, Prof. Mears, is an excellent production. It abounds in good common sense, and just views of the present condition of the profession. The following remark is in striking contrast with the opinion that we are retrograding:

"A casual glance at the state of the profession will serve to convince the most incredulous that there is abundant cause of mutual congratulation in view of the onward march of medical science. Indeed, the rapid advances which it has recently made, seem to mark the present as an era of extraordinary progress."

After enumerating the many improvements which have been made, *e. g.*, the use of the stethoscope, diminution of surgical operations, physical education of children—the introduction of quinine, morphia, and other alkaloids, anæsthetic agents, and the improvements in physiology and pathology, the author remarks:

"With such, and a thousand other adducible proofs of the onward march of medical science, is there good reason for despondency? We apprehend not, and yet there are many in the ranks of the profession greatly discouraged at the prevalence, and apparent advancement of empiricism, and more especially at the circumstance that the advocates of the various systems of imposture are not confined to the weak and ignorant; but in numerous instances, are gentlemen of education—gentlemen of the learned professions, and I am sorry to say it, *Theologians in particular*, found to possess a surprising proclivity to quackery; and are often among the most enthusiastic dupes of these delusions."

This prevalence of quackery is justly attributed, in part, to the peculiar *mental* constitutions of individuals. We have often observed this fact, but have not before seen it alluded to in public. Persons of this stamp of mind are apt to go the *rounds*, and embrace every thing that is new. Horace Greely, when in this city sometime since, was asked (it is said) if he was favorable to *homœopathy?* He replied, yes, I am in favor of any thing that is *new*. This is exactly the

spirit of such movements. We know a distinguished person in this city who has been a Millerite, Fourierite, Thomsonian, Spirit-rapper, Homœopathist, Eclectic, &c., &c. *Such* persons never see anything good in true science. On this subject Dr. Mears remarks:

"Yet it must be confessed that in all prevalent delusions, *all* the parties are not of necessity either knaves or fools. There are many of enthusiastic dispositions who are led away by novelty, and caught by specious arguments, yet are neither weak in mind or wrong in purpose. Every day's experience shows us individuals amongst our friends or acquaintances, who display this intellectual singularity; and the combination of vigor and weakness, of general right reason and special folly, is at once curious and instructive. Such a combination is incompatible with great soundness of mind or much depth of information it is true; but observation shows that it is consistent with brilliant intellectual qualities, with wit, eloquence, and imagination."

But, in common with others, the author admits defects in our profession. The following extracts will convey his ideas on that subject.

"But while I am proud to have it in my power successfully to charge home upon its enemies, their unjust aspersions of our noble profession, I am constrained to plead guilty to the imputation of much on our own side of the house, which is calculated not only to detract from the dignity and honor of the profession, but impair its character with the enlightened of every age and every country. The easy access to its honors and profits has invited into the profession thousands who have not a single qualification either of head or heart adapting them to its acquisition or its pursuit. At present it is not regarded as necessary, scarcely indeed as desirable, that an individual wishing to engage in the study of medicine, should possess the advantages of a common English education, let alone the other qualities and attainments which would be needful in order that he might do credit to himself or the profession he is anxious to embrace."

"It is indeed a painful admission but a self-evident truth, that much of the success of empiracism depends upon the weakness and inefficiency and ignorance of those claiming kindred with Allopathy. Their sins of omission and commission have in many instances forfeited the confidence o community. The people, incapable of proper discrimination fall easy victims to the arrogant assumptions of the more art

ful impostor, and their influence is frequently lost to the profession forever.

Is it not then obvious that to insure success, reformation must commence at home. Until the profession itself shall determine upon some appropriate standard of preparatory education and enact regulations for professional acquirement the hope of radical reform is worse than futile. Having provided well for these evils, I am persuaded we could look with confidence to the legislature for protection against encroachments of quackery in all its forms. This assurance is greatly strengthed by the action of other Legislatures in providing for registration laws which of themselves constitute one of the most important measures of medical reform."

The *Report* on the Practice of Medicine was read by Dr. W. T. S. Cornett. We make the following selections in relation to the treatment of different diseases:

*Scarlatina.*—In malignant cases, Dr. M. H. Harding, of Lawrenceburg, places most reliance on *bleeding*, in a full stream and at an early period; ipecac as an emetic; cold dash, especially when cerebral diseases existed; tepid or cold sponging; calomel to obviate costiveness; and poultices to the neck. In another epidemic, confined to Lawrenceburg, the same observer found the disease of an asthenic form, requiring stimulants. Dr. Ezra Read, of Terre Haute, treats the anginose variety with gentle emetics, mild aperients, tepid bath and sponging, and the nitrate of silver (ten grains to the ounce of water,) as a local application.

*Epidemic Erysipelas.*—Dr. Moody, of Greensburg, treated this affection with emetics, and, as a local remedy, *scarification*. Dr. Harding has seen the disease assume the form of epidemic peritonitis, pneumonia typhoides, and essentially modify other diseases. He regards the disease as being decidedly asthenic, and not admitting of depletion after the first twenty-four hours. He employs the nitrate of silver to arrest the spread of inflammation on the surface; but he does not regard the danger as proportioned to the extent of the cutaneous inflammation. In addition to this, he adopted means to regulate the secretions, modifying them according to the tissue involved. Dr. Read says the disease was of a malignant type, and unquestionably *contagious*. When the disease attacked the extremities it was more fatal than when confined to the throat, face or scalp. He treated it with emetics and cathartics, in the beginning, but soon followed by tonics and stimulants—bark, quinine, wine. The *local* treatment con-

sisted of poultices, with creasote or turpentine mixed with simple cerate or lard. He regards *creasote* as the best local agent. The nitrate of silver did no good when applied externally, but was highly useful when the disease extended to the fauces and throat.

*Dysentery.*—Dr. Moody relied on alteratives, opium, and mild laxatives. A malignant form of the disease prevailed, which resisted all of the usual remedies. As a general rule he could never succeed in dysentery until free bilious discharges could be secured. This he accomplished by ten grain doses of calomel followed by castor oil; after which a dose of opium was given, and so on. Dr. Read, who resides in a malaurios district, (Terre autHe,) says the disease partook of an intermittent character. He usually commenced the treatment with a scruple of calomel, and followed by quinine, alone or combined with small doses of the mercurial. After the first few days he added to the above, a mixture of two parts of oil, and one of turpentine, giving a *drachm* every six hours. He employed likewise the usual adjuvants, such as opiates, fomentations, enemas, mucilaginous drinks, &c. Dr. Sutton, (of Aurora,) remarks that the disease usually commenced as a diarrhœa, speedily becoming dysenteric, and often associated with typhoid symptoms. The treatment consisted in the employment of calomel and opium, variously combined, and when the pulse was small, and the skin bathed in cold perspiration, camphor was freely administered. When bilious discharges were secured, the calomel was discontinued, and opium, (combined with lead or ipecac,) substituted. Dr. Sutton places great reliance on small doses of calomel, until the biliary secretions are established. Prof. Byford, (of Evansville,) relied on cathartics of calomel and morphia, followed by castor oil, if the former did not operate; after which, opiates, alone or combined with calomel and epicac were given; and the rule in regard to the use of opium was, to produce *complete quietude of the bowels.* Blisters over the abdomen were considered valuable. The *saline* treatment did not succeed. Dr. Cornette encountered a disease, in 1849, which presented the symptoms of dysentery, cholera, and typhus fever combined. It was treated according to symptoms, but under every mode of medication was necessarily quite fatal. In reference to severe dysentery of 1851, the author makes the following remarks:

"The salts and magnesia, all things considered, gave more satisfaction in my hands than any other laxative. It caused

no griping, brought off serous discharges, superceding for the time the discharges of blood and mucus, and relieving the tenesmus. It seemed to me to act as a salutary means of local depletion without adding to the local irritation.

"When the disease advanced with signs of increasing debility, with free discharges of sanious matter showing vascular disintegration, I gave sulphate of zinc combined with alum in doses of from one to three grains each in solution three or four times per day with good effect in most instances. This is no new remedy in dysentery. It was a favorite prescription of Mosely, and of Jackson, but seems to have been lost sight of by later writers. The preparation unites a powerful metallic tonic, capable of sustaining to some extent the failing powers of the nervous system without materially exciting the vascular, with an astringent as well calculated when topically applied to arrest hemorrhage as any other. Children take it in proper doses without trouble. Of thirty cases treated by me last season somewhat as above indicated I lost but two."

The report closes with an interesting letter from Dr. V. Kersey, of Milton, but we have not space for further extracts.

The report on *Surgery* embraces the details of several interesting cases, but we have not space to notice them in the present number.

# Reviews and Notices.

*Neuralgia:—Its various Forms, Pathology and Treatment.* Being the Jacksonian Prize Essay of the Royal College of Surgeons, for 1850, with some additions. By C. Toogood Downing, M. D., M. R. C. S. London: John Churchill. 1852. pp. 375, 8vo.

There is no subject connected with pathology and the practice of medicine, of greater obscurity and uncertainty, and few possessing higher interest, than that of Neuralgia. All classes of persons, and the inhabitants of every climate, are subject to this painful and often intractable affection; and in consequence of this universality of prevalence, and often great intensity of action, it has not failed to attract the atten-

tion of medical men of all ages and countries. Still it must be confessed (humiliating as it may be to our professional pride) that no settled or obvious *pathology* has hitherto been attained, nor has *treatment* been advanced much beyond the mere empirical employment of remedies. These circumstances necessarily invest the subject with unusual interest; and every source of information is ardently embraced, and carefully examined. A work, therefore, emanating from such high authority as that now before us, cannot fail to arrest the attention and challenge investigation. It could hardly be anticipated that a *prize essay*, read to the Royal College of Surgeons, would not possess high interest and great importance.

The work before us is the *prize essay* of the Royal College of Surgeons, and put forth under its auspices, (although subsequently enlarged and improved) and if it does not reflect in every sense the opinions of the College, it at least commanded the approval of that body, and hence received the annual prize. The author informs us in the preface, that his task has been to prepare a digest of the various facts and observations extant, and to educe from them certain fixed and general principles. The author, nevertheless, claims to have instituted a new treatment, which an enlarged experience has found highly beneficial in cases that had resisted other modes of management. In our examination of the work, we shall analyze more especially those portions which relate to the pathology and treatment of the disease, and which, therefore, immediately concern the practitioner.

The author defines neuralgia to be a *morbid exaltation of sensibility, without perceptible organic change.* It is a disease which may occupy any sensitive portion of the body—the head, face, extremities, neck, mammæ or testes; or follow the course of the sciatic, intercostal, or ilio-lumbar nerves; or, finally, it may occupy any of the internal viscera.

The author describes *three* principle forms of neuralgia—viz., the *spasmodic*, *rheumatic* and *hysterical* varieties. The *spasmodic* variety embraces what is usually understood as

genuine *tic douloureux*; the characteristic symptoms of which are thus set forth:

"The attack is sudden—instantaneous—and usually without warning. A person, apparently in good health, is seized in a moment with a violent pain in some part of the body. He cannot account for it. He has met with no accident at the time, and, on examination, discovers neither redness nor swelling. The suffering is perhaps moderate at first, and ceases in a few minutes. It then recurs after a brief space, again without warning or apparent cause, and increases in severity and duration. Ultimately, when the disease is fully established, the suffering occurs at intervals, and often amounts to paroxysms of excruciating agony."

As the disease recurs, an attack is usually preceded by some premonitory signs, such as a feeling of heat or cold, somewhat analogous to the *aura epileptica*; a tingling sensation, or a *painless* spasm, may be the first intimation of the approaching attacks. After a time, the part becomes tender to the touch, and if in the vicinity of glands, as the lacrymal, an increase of secretion will be observed.

It does not take the course of the large branches, but occupies the extremities of the nerves, and is often bounded by the *mesial line* of the body. Although this form of neuralgia is a disease of great severity, it does not very readily impair the *general* health, and patients will often suffer on with great intensity, to the end of a long life. It seldom, however, tends to a *spontaneous* termination; but there are examples in which it wears itself out, and thus ceases. It is fair to infer that the removal of the cause would put an end to the pain.

The *rheumatic* form is the same affection, modified by the rheumatic *diathesis*. It is one of the most common forms of the disease, and the author gives the following summary of its symptoms:

"The symptoms of rheumatic neuralgia are, heat, pain and tenderness of the surface, along the course of a particular nerve. The suffering is not of the character previously described. There is generally, if not invariably, a *constant dull aching pain*, with aggravation at intervals; but not the

violent, thrilling, plunging agony, increased by the least shake of the patient, or touch of the surface, as in the former variety. Rheumatism of the nerves is frequently periodical, the attacks coming on at certain times of the day and night. Sometimes a regular paroxysm is experienced about six o'clock in the evening, although more often the fits are irregular in their accession. Its origin may be traced to exposure to cold and wet, but it is liable to increase from a variety of causes—external warmth, for example. Rheumatism in some other part of the body is generally attendant.

This spurious or rheumatic neuralgia may thus be distinguished from genuine tic douloureux by its *history*; by its *origin* in *cold* (although this is no great criterion); by the *difference* of the *pain;* and by there being more or less *heat* of the *surface*, with *rheumatism* of other *parts*. Another mode of distinction may be drawn from the effect of remedies."

It must be remarked, however, that Dr. Elliotson describes another form (the analogue of the *cold* variety of rheumatism,) in which there is no heat of the surface, and in which external warmth (as heat of the bed,) does not increase the pain. In the variety previously mentioned, there is external heat, and the warmth of a bed aggravates the pain.

The actual distinctions between these two forms (as justly remarked by the author,) is not always very clear; it may be observed, however, that they vary chiefly in *degree*, and in the development of the *rheumatic* element. In that form which evinces some degree of inflammation, (such as external heat,) the rheumatic element is in the ascendency; but in the *cold* variety, the *nervous* disease predominates, but is somewhat modified by the diathesis. Moreover, the *spasmodic* twitchings met with in genuine neuralgia, are absent in the rheumatic form.

The third variety recognized by the author is *hysterical* neuralgia. In this form of the disease, the nervous affection is modified by the *hysterical* habit, and manifests itself especially by extreme sensibility of the cutaneous surface. The following are the chief symptoms:

"An extreme sensibility of the skin, in particular localities, will often be noticed among the phenomena of this Protean malady. This tenderness will sometimes be diffused over a

considerable extent of surface, or be most circumscribed in its area. The whole side of the chest, for instance, will be thus affected, or a spot readily covered with the point of the finger. Upon examination by the eye, not the slightest deviation from the natural condition of the integument is detectable. The part is not more warm, red or swollen, than the rest, yet the patient shrinks from the slightest touch.

"The suffering induced by this extreme sensibility, often amounts to agony, but the pain differs greatly from that in spasmodic neuralgia. Thus, when it is confined to one small spot, giving rise to the symptom called *clavus hystericus*, the suffering, undoubtedly, is often most severe, as if a nail were really being driven into the part, but, as far as I can judge, it is unattended by those peculiar spasmodic, electric, plunges, previously described. It will be observed also that the pain is seated in the skin, and appears neither to course along nerves, nor to start from a focus in various directions."

The disease is not, of course, confined to the *female* sex; and in regard to *location*, it will be found most frequent about the head; below the left mamma; region of the stomach and spleen; descending colon and left iliac region; above the pubis; in the region of the kidneys and the addomen generally; course of the ureters; lower dorsal or lumbar vertebræ; sacrum; hip and knee joints.

These three varieties constitute the principle forms of neuralgia; and in relation to their essential characters, it may be observed, that they all belong to the same family, and their diversity depends mainly on the *diathesis*, or constitutional peculiarities, of the patient. It is highly important to attend to these distinctions, for on them will depend, to a considerable extent, a proper solution of many anomalous symptoms, and the institution of a rational practice.

The next portion of Dr. Downing's treatise is devoted to the *causes* (predisposing and exciting) of neuralgia; on this we do not propose to dwell, further than to enumerate the principal conditions which he regards as efficient in producing the disease. And first, in regard to *age*, it is found most frequently between 20 and 60 years, being about equally common in each of the ten years of this period. In regard to

*sex*, the author thinks too much has been conceded in favor of females, although it is probable that there is a slight preponderance of the disease in that sex. The author adverts to what he styles a *neuralgic temperament* as predisposing to the disease; by which we are to understand a "nervous" constitution, or one in which the nervous function is preternaturally excitable. Sedentary habits and luxurious living; hereditary transmission; together with all debilitating causes, *predispose* to neuralgia.

The *exciting* causes are divided into the *local* and the *distant;* or those which act directly on the nerve, and such as influence it by sympathy with a distant organ. Among the causes which induce neuralgia sympathetically, the author places first derangements of the alimentary canal. The opinions of Abernethy, Sir Charles Bell, Sir B. Brodie, Dr. James Johnson and others, are quoted in favor of this view. But the author adds:

"These details sufficiently prove that disorder of the primæ viæ may, and often does, give rise to neuralgia. They also more clearly establish the fact of the frequent *connexion* of the two derangements—of the sympathy existing between the one part of the system and the other. But this is all. They by no means prove that the one is invariably dependent on the other. I believe that neuralgia often exists without abdominal disturbance; and even where there is such disturbance; it is by no means to be regarded always as the exciting cause of the pain in the nerve."

There is reason to believe, however, that neuralgia is more often dependent on gastro-intestinal irritation, than the above extract would indicate. True, it is not *always* the source of the disease; but, in our opinion, it is so much more frequently than many suppose.

In addition to the above, diseases of the bones, caries of the teeth, and *malaria* are enumerated.

In regard to the *local* causes, the author makes the following important observations:

"One other very interesting question remains to be considered. Whether neuralgic pains seated in a particular nerve or spot are not due to some local determinant cause? I am

firmly of opinion that they are. In most of those cases where the pains are persistent—not flying and erratic, but fixed for years to one place—some such cause exists, although it may be impossible always to demonstrate it. Why should otherwise the pain be determined to one particular part? Why should one nerve, or branch of a nerve, be selected (so to speak) to bear the anguish? Possibly it is often but a trivial agent that gives the pain localization, when the neuralgic diathesis is established, as the slightest chill or draught of cold air is sufficient to direct rheumatism to the shoulder, the back, or the scalp, when the blood is inflamed. Often may the local predisposition be traced to an accident that has occurred long before, all recollection of which is forgotten, until brought to mind by close inquiry and questioning."

The author enumerates many causes which may set up local irritation, and thus establish neuralgia.

We are next introduced to a consideration of the *proximate* causes of neuralgia, in which the author reviews the doctrine of the ancients which attributed it to acrid matter poured out around the nerve; the doctrine of its inflammatory origin; of its dependence on hyperæmia *during a paroxysm*; and organic changes (tumors &c.) in the nerves themselves. But it is justly observed that neuralgia often exists without any sign of local lesion, so that these hypotheses cannot be regarded as established.

The following paragraphs will exhibit, to the reflecting mind, a very clear view of the subject:

"In speculating upon the nature of this derangement, the important fact should never be lost sight of, that neuralgia, although generally a *constitutional*, is sometimes strictly a *local* disorder. The former is indicated by the neuralgic diathesis,—a certain disturbance of the system, by which it is rendered more irritable,—and by the pains being erratic, shifting their position repeatedly without obvious cause; the latter is marked by a perminence and persistence of the suffering, its recurring constantly in the same nerve, and its being produced by a topical excitant. Possibly the function of the painful nerve is similarly affected in both cases. There is probably the same local disturbance; but the sources of irritation are evidently distinct and peculiar."

In addition to these opinions, the author refers to Fother-

gills' singular views, that neuralgia depends on a *cancerous* diathesis; and to Dr. Macculloch's theory that it is a variety of intermittent disease. But, however plausible this latter doctrine may appear, it is evidently applicable only to those cases arising from *malaria*.

Casting aside these theories, as inadequate to a just explanation of the pathology of the disease, the author proceeds to inquire, what *is* the condition of the nerve itself during a paroxysm of neuralgia? The obvious conclusion is that there exists a preternatural local *exaltation of function*, without corresponding vascular excitement. This, however, teaches nothing; it merely expresses a fact well known, but makes no advance towards a solution of its nature. Perceiving this, the author adds that the affection consists in something more than this; and he especially adverts to a "peculiar sensation of constriction or spasm," taking the course of the nerve affected, and producing lines, as it were, by the constriction of fibres.

"It may be doubted whether this motion arises entirely from spasm of the small muscles, or even fibres of those muscles, for it does not by any means always take their course. Can it be produced through a *contractile action* or *motion* of the *nerves themselves?* This question, wild as it at first sight appears, is yet deserving of some consideration. Several eminent physiologists, with whom I have conversed, consider it by no means improbable."

Still the author is aware that the nervous matter itself is not, and cannot be, endowed with contractility; but he infers that the power may reside in the *neurilemma;* and if so, the contraction of the nerve-sheath may so *compress* the nerve itself as to induce the most violent pain. In support of this opinion (the idea of which the author says originated spontaneously with himself,) he quotes the views of Sauvages, and Mr. Joseph Swan, the latter of whom is decidedly of opinion that nerves *do* contract. Finally, the author concludes thus:

"Neuralgia, therefore, with these views, would appear to depend essentially on a *morbid excitability* of particular *nerves*, or parts of nerves, leading to *violent* and *painful spasm*

*of their fibres.* I would by no means be understood to put implicit faith in this doctrine, but submit it, with deference, to the judgment of my professional brethren.

In relation to this view of the nature of neuralgia, (we can hardly call it *pathology*,) we can only say that it is a mere *hypothesis*. No conclusive evidence has been adduced that nerves do contract, either in their substance or surrounding tube-membrane; indeed, it is clearly impossible that the neurine itself *can* contract; and the nerve-tube, like the sarcolemma of muscles, being a simple homogeneous membrane, there is not the most remote probability that it possesses contractile properties in the slightest degree. And if we could admit the conjecture of Dr. Downing we do not perceive that it would throw much, if any, light on the essential nature of the disease; it would only add another phenomenon, indicative of local excitement, but would *not* reveal the actual condition of the nerve. And, we may add, that an equally plausible conjecture would be, that the local nervous excitement is in some way associated with *molecular* change in the elements of the nerves, which produces a painful condition.

We are of opinion, that (practically at least,) the most satisfactory light in which we can view neuralgia, is, to regard it as associated with certain states of the *general* system—(such as the nervous or rheumatic diathesis); with morbid states of particular functions (as gastro-intestinal derangement, and certain forms of hæmatonosus); and the *local* influence of certain exciting causes. This broad and general view will usually place us in possession of the *predisposing* causes; to which the sagacity of the practitioner must add the *exciting* agents; and thus, although we may not ascertain the actual state of the nerve implicated in the pain, we may still discover its causes, and thus be able to remove them.

It is not a little singular that so acute an observer as Dr. Downing, should have over-looked *blood disease*, as one of the causes of neuralgia. We could point to the most indubitable evidence in support of this opinion; and, in a practical

sense it possesses the highest importance; for many cases are to be relieved only by addressing remedies to the blood itself.

The next part of the work is devoted to the *treatment* of neuralgia; and here we shall find shadowed forth the author's *new* treatment, which is announced in his preface.

In regard to the *indications* to be fulfilled, the author presents the following summary:

"We have seen that tic douloureux depends essentially on the morbid excitement of a nerve, and that this excitement is both occasioned and augmented by a great variety of distant and local causes. The principles of treatment therefore resolve themselves into *three chief indications*:—1st. To remove the predisposing and exciting causes. 2d. To avoid all possible sources of irritation. 3rd. To allay the morbid irritability of the nerve affected. To each of these three heads I shall now particularly direct attention."

We need not pause to analyze what is said in reference to the first and second indications, namely, the removal of the causes, and the avoidance of all possible sources of irritation; for these indications are too obvious to admit of doubt, and have, moreover, been sufficiently developed, in regard to their actual nature, in connection with the causes themselves. It only remains, therefore, to sketch the author's method of treatment.

In the first place, a general view of systematic remedies is given, in which it is justly remarked, that there is scarcely a drug that has not been resorted to in the treatment of neuralgia, and yet no one has been discovered that will cure all cases, or even a majority of them.

"Yet it cannot be doubted but that several of those remedies have been often essentially serviceable. It is only when they are exclusively relied on that they disappoint the hopes of the medical practitioner. They may be divided into the *general* and the *local*; or those that act upon the disordered nerve by means of an impression made upon the system, and such as, being applied directly to the part, tend to allay at once the topical irritation. Each class has been found, I believe, nearly equal in efficacy—as many cures have been effected with one set of agents as the other. From the views

I entertain of the essential nature of neuralgia. I cannot avoid thinking that local applications are too much slighted. Although I would by no means trust to them alone, yet I feel convinced that they may always be combined with general remedies advantageously:"

In the discussion of the *systematic* remedies which have been employed in the treatment of neuralgia, the first article mentioned is the carbonate of iron, in regard to which the writer says:

"One of the most prominent of the internal remedies, generally employed in the treatment of neuralgia, is the Sesquicarbonate, or CARBONATE OF IRON. This medicine was introduced to notice by a Mr. Hutchinson, of Southwell. In the second edition of his work, published in 1822, many cases are recorded of its successful administration. But, as has been acutely remarked, those of failure are not alluded to. At first, the greatest hopes were entertained that this preparation of steel was a real specific for the tic douloureux. Experience has shown, however, that it cannot be depended on. Sometimes it has been eminently successful; at others, quite useless."

The effects of bark, quinine, and arsenic, are next discussed, and their comparative merits contrasted. The quinine, in the opinion of the author, is most efficacious when combined with a salt of iron. He remarks:

"A combination of this drug with a salt of iron will often be found to act most beneficially. A physician of large practice in this metropolis is in the habit, I understand, of prescribing for his neuralgic patients very large quantities of these medicines—ten grains of quinine and five of the sulphate of iron every fourth hour. As such very heroic doses are rarely well borne, I have generally adopted some such formula as the following, in cases of neuralgia attended with debility and an anæmic condition of the system:—

| | |
|---|---|
| ℞. Quininæ Disulphatis, . . . . . | gr. xxiv. |
| Ferri Sulphatis, . . . . . | gr. viij. |
| Tinct. Cinnam. co. . . . . | ʒiij. |
| Infus. Rosæ. . . . . | ℥viij. |

Misce, fiat mistura. Sumat æger unciam bis terve die."

Arsenic, which was the sheet anchor of Dr. Macculloch, s regarded as especially beneficial in cases arising from ma-

laria. The preparations advised are the Fowler's solution, or the following pill:

℞. Arsenici Albi, . . . . . gr. j
Pulv. Capsici, . . . . . gr. v
Ext. Gentianæ, . . . . . gr. v
M. ft. pil. x.

Of these, one, afterwards two, should be taken three times a day, after meals. The sulphate of zinc, so much vaunted by Meglin, has never cured a case in the hands of the author.

*Sedatives*, the author remarks, have not met with much success, in his hands, and adds:

"Often, in very severe cases, not the slightest, even temporary, relief has followed the administration of very considerable doses. The experience of continental writers is to the same purport. Still, as the recurrence of paroxysms of agony continually draws attention to these agents, it will be well to consider which of them are most deserving of trial and confidence."

In making a selection from the various sedatives and narcotics, it remarked that opium and morphia are about equal in point of efficacy. Stramonium, belladonna, aconite, henbane, tobacco and Indian hemp, do not possess any reliable *curative* properties in neuralgic affections.

The next topic discussed, is *local* applications. *Blisters*, the author says, are rather injurious than otherwise, especially when applied near the affected part, and the same may be said of setons, issues, moxas, stimulating liniments, ointments, etc. In regard to the topical application of certain vegetable alkaloids, (veratria, strychnine, morphine,) the author thinks only temporary advantage is gained. He admits, however, that the endermic application of morphine, especially when employed according to the French methods, is sometimes highly beneficial. One method consists in detaching the cuticle, by means of a small blister, and sprinkling on the denuded surface one or two grains of morphine. The second endermic method, (which the author prefers,) is that of *inoculation*, which is performed by making a *paste* of morphine, and introducing it under the cuticle, by means of a lancet.

The paste may be made with water, alcohol, or dilute muriatic or acetic acid.

The local effects of *chloroform* are not deemed more than ephemeral; and *galvanism* is not entitled to more confidence. Dr. Corrigan's thermic *button*, and Dr. Day's thermic *hammer*, are adverted to, with the remark, that they are calculated to be of use in many cases. The opposite extreme, or *benumbing cold*, is mentioned only to be condemned.

Finding that the numerous train of agents employed against neuralgia often failed, and that after the fairest and fullest trial, by the ablest practitioners, the complaint frequently remained intractable, the author deemed something new imperatively demanded, to ensure success. We shall permit him to explain his *reasons* and *method* in his own language:

"From considering tic douloureux as often a local disease, depending on a state of excessive irritability, sensibility, or spasm of a particular nerve, and from reflecting upon its causes, and observing the effect of topical sedatives, I was led to the conclusion that the most direct way of quieting this state was by the application of *warmth* and *sedative vapor* to the part, so as to soothe the nerves and calm them into regular action. For this purpose I devised an apparatus which answers the purpose sufficiently well. It is a kind of fumigating instrument, in which dried herbs are burned, and the heated vapor directed to any part of the body.

"For a full description and engraving of this instrument, the reader is referred to the *brochure*. But it may here be stated that it is extremely simple in construction, and consists essentially of three parts, with their media of connexion—a *cylinder*, for igniting the vegetable matter; *bellows*, for maintaining a current of air through the burning material; and *tubes* and *cones* for directing and concentrating the stream of vapor.

"The materials used in this apparatus are chiefly the leaves, slender stalks, and seeds of plants. After carefully selecting the herbs, to ascertain their genuineness and purity, they are thoroughly dried by a gentle heat. Each leaf, if it be a large one, is then taken separately and rubbed between the hands, so as to break up the parenchyma into small fragments, from which all stalks and woody fibre are excluded. The plants I have chiefly employed have been various mixtures of bella-

donna, henbane, cannabis indica, tobacco, hops, aconite, stramonium, hemlock, digitalis, &c. The seeds of various herbs have also been added under certain circumstances."

The object of this mode of medication, is to produce a *sedative* influence, and the effects of *heat*, locally applied. The following extract will convey an accurate idea of the authors views and expectations:

"The chief medicinal effects I have noticed in the use of this instrument, are those of a sedative character. But its remedial influence is not alone confined to the use of certain herbs. A considerable power is attributable to the warm current or intense heat generated. When the vegetable matter is ignited, and a current of air is made to pass through the burning mass, a small or great degree of heat can be produced at pleasure. Thus, when the hand is gently pressed upon the bellows, a mild, warm stream of vapor is poured forth, which may act as a douche to irritable parts. But, by strongly and rapidly compressing the same receptacle, the fire within the cylinder is urged, like that of a smith's forge, and the blast becomes intensely hot and burning. In this way, any degree of rubefaction may be effected on a large or small surface, and by gradually augmenting the temperature, no bad substitute for the moxa is obtained. Thus we may produce in this apparatus the effects of both heat and medicated vapor, and either of these may be employed singly, or combined together in regulated proportion."

We might fairly enough criticise the authors *consistency* in reference to his philosophy, as previously advanced, and the plan of treatment here set forth. It will be remarked that he very strenuously objected to blisters, and local excitants, on the ground that they often aggravated the disease; but now we find him advocating the application of the strongest currents of heat, and ascribing to that method very valuable influences. But we are not disposed to hold him to a very strict line of accountability; for in a disease so confessedly obscure, we need not be surprised if *theory* and practice are occasionally found at variance; and, more especially, will we be the less inclined to find fault with the consistency of the writer, if he can establish that his *new* method possesses any superior claims to confidence. In regard to its success, he thus remarks:

"Of the *practical* working of this remedy I have now had ample experience. It has been tried in a considerable number of cases, more especially since the publication of my previous work on the subject. Several times I have been fortunate enough to cure the complaint, even when severe and chronic, by its employment alone, without giving the patient any internal remedy. More often I have brought it in aid, as a local agent, of the approved resources of medicine. And this I have observed, that when the administration of drugs by the stomach, in full and persevering doses, has failed altogether in producing a specific effect in allaying the local nervous excitement, the continued auxiliary use of this medicated vapor has brought about a speedy cure. And in this way, with proper limitation, I would recommend its future employment. After the removal of the exciting causes as far as practicable, the secretions should be thoroughly corrected, and the constitution invigorated by diet and medicine. When by these means the disorder becomes localized—consists merely of local nervous excitement—the sedative vapor may be employed with the greatest advantage. It is not by any means an infallible specific for neuralgia, nor is it applicable to all cases; but with discrimination and management it will be found a valuable adjunct to our remedial agents. It is satisfactory to add, that no ill effect has ever followed its administration."

We must here close our extracts. The remainder of the work is occupied in considering, more in detail, the different species of neuralgia, a narration of cases, and the effects of remedies. In these pages many interesting details are given, and important facts mentioned; but they are all based on the general principles already mentioned, and it would not repay the labor of further analysis.

We have thus given an *analysis* of the most interesting portion of Dr. Downing's book, which we trust will be found useful to those who have not access to the book itself. Our object has been to present a mere analysis, and not a *critical* review, for the latter would not only have occupied too much space, but would have had the effect to lesson the weight of the authors opinions, by attempts to controvert their correctness. As it is, Dr. Downings views are placed before our readers, and each one can form his own conclusions; we have

offered only a few remarks, contrary to those of the author. On the whole, we regard this work as one of very considerable value. It emanates from one evidently of enlarged views, clear and impartial reasoning, and a just appreciation of remedies; and although we should dissent from many of the authors assumptions, we are free to say that the practitioner will derive great advantage from its perusal, and doubtless find his views enlarged, and means of cure greatly multiplied.

# Progress of Medicine.

## ENGLAND.

### CANCRUM ORIS.

Dr. P. Herbert Barker, records in the *Provincial Medical Journal*, a case of cancrum oris, following an attack of the typhus fever, which had prevailed in the family. The author makes the following remarks on the case:

*Remarks.*—This case corresponds with the second variety of cancrum oris described by Dr. Cuming in the fourth volume of the "Dublin Hospital Reports," and is interesting in consequence of the extent of the disease, and of the necrosis and separation of bone, followed by recovery. Dr. Cuming says, that in every instance that he had met with, this disease had occurred when the constitution had been debilitated by the existence of previous and protracted disease. Dr. Marshall Hall also states, in the fifteenth volume of the *Edinburgh Medical and Surgical Journal*, that in all the cases which had come to his knowledge, it had been preceded by fever, acute disorder of the digestive organs, typhus, inflammation of the lungs, variola, rebeola, or scarlatina, and regards it as a consequence of the exhaustion, debility, or irritation produced by previous disease.

"In consequence of some resemblance of these cases to the ulceration and inflammation of the mouth produced by mercury, they have frequently been attributed to the administration of that drug; but from the number of cases which have occurred where mercury had not been given, there can be no doubt that there is not necessarily any connection between the

two, and certainly this remedy had not been used in any form in the cases under my notice. It may be remarked, that cancrum oris is confined to one side of the face, whereas, from the use of mercury, the gums of both jaws are affected, as well as on both sides. The fœtor, too, produced by mercury, is very different from the highly offensive and putrid odor of cancrum oris—a difference readily recognised by any one who has noticed the fœtor from both causes.

With regard to the treatment of cancrum oris I have nothing more to state, than that I am inclined rather to have resource to fomentations, poultices, and the nitrate of silver, than to the strong acids which have been recommended by some practitioners. Internally the cordial and tonic plan of treatment is clearly indicated.

### OVARIAN ABSCESS.

Dr. Wm. Davis, of Bath, exhibited to the Bath and Bristol society, a diseased ovary which contained a large *abscess*. The patient, a prostitute, 21 years old, was attacked on the 7th of September and died on the 12th. The first symptoms were severe pain in the abdomen, rigors, vomiting, and constipation. The *diagnosis* was uncertain; but a post-mortem examination revealed a large abscess on the right ovary, which had evacuated its contents (about three pints of puriform fluid), into the sac of the peritoneum, causing intense peritonitis. The author concludes with the following remarks:

*Remarks.*—Abscess of the ovary is a somewhat rare affection, and when it does occur, nature is generally too wise and too careful to allow such an accident as the one I have alluded to to happen. Most frequently the serous covering of the ovary becomes inflamed during the progress of the case, and adhesion takes place between it and some neighboring part, by which, when the abscess does burst, the pus is prevented from making its way into the general peritoneal cavity.

As to the diagnosis in this case, it was very clear that we had one or two things to deal with—either peritoneal inflammation or obstruction of the bowels, most likely ileus. The history of the case, such as could be obtained, rather pointed towards the latter conclusion. There had been no action of the bowels during four days. The attack had commenced with much pain and vomiting. When first seen by me there was no remarkable tenderness on pressure, while there was great distention of the belly. Under these somewhat doubtful circumstances the castor oil and the enema were ordered,

whereas, had I been sure that I had a case of unmixed peritonitis to contend against, I should have commenced the opium treatment at once, without any attempt to act on the bowels. Any form of blood-letting seemed out of the question; besides which, had there been more vital power, the period for the advantageous use of that remedy had, in a great measure, passed away, as indeed had all hope of a favorable termination from any kind of treatment.

TREATMENT OF ANEURISM BY COMPRESSION.

The following case, contributed by Mr. Stanley Ward, to the *Med. Times and Gazette*, affords another illustration of the success of this method. The case was one of popliteal aneurism. The writer thus narrates the treatment.

The compression plan was systematically commenced on the seventh day after the admission of the patient, who had been previously instructed in its nature, and the mode of carrying it out. Prior also to the instruments being used, the mattrass, sheets, and pillows on which the patient lay were firmly fixed to the bed-frame, and the square pad on which the left limb, in a state of partial flexion and abduction, was placed, was also fixed; and at the bottom of the bed, a large pillow was secured by bandages, and served as a *point de appui* for the right foot, so that, by this means, any gliding of the body could be avoided; a large cradle, finally, was placed over the body, in order that the bed clothes should not interfere with the proper action of the instruments. One drachm of acetate of potash was ordered to be taken three times daily, and the patient was placed on middle diet without beer, and was requested to drink as little as possible. The hair was shaved from off the skin over the pubis, and the integument dusted over with flour.

A variable, and occasionally interrupted, amount of pressure was maintained for eight days, through the medium of a four pound meat weight (acting on a common tourniqnet pad) to the groin; and a clamp at the thigh, applied at two distinct parts, the one two inches above the upper boundary of the aneurism, and the other a little higher. The weight of the groin and the clamp were alternately had recourse to. The former was kept on sometimes for one hour, at others for half an hour, and prior to its being removed the clamp was adjusted, and was kept on for a period ranging from five to fifteen minutes.

During these eight days the patient slept at intervals four or

five hours each night, the pressure of course, being not so uniformly kept up as during the day, but the same method being followed out as far as possible. As the man regulated the application of the instruments almost entirely himself, the amount of annoyance from the pressure was soon tolerated. He found the application of the weight much more agreeable than the clamp.

On the fourth day after the use of the instruments, a small superficial vessel could be detected pulsating along the inner border of the patella; and on the fifth and sixth the man had a sensation of pins and needles over the upper part of the tumour, which had become much harder and diminished in size, and sensibly hotter to the hand than the surrounding parts. The pulsation on the sixth day was just perceptible, and, on auscultation, only an impulse, like the first sound of the heart, but much more feeble, was detected. On the seventh day the hair was again removed from the groin and middle of the thigh, and on the eighth day the pulsation in the aneurism had entirely ceased. Between the fifth and eighth day four or five small vessels were detected pulsating in the neighborhood of the patella. On the ninth day after the aneurism was cured, another small superficial vessel was observed running over its centre. The pressure was continued for a week after all pulsation in the tumour had ceased, and the patient became an out-patient in the beginning of July, having been in the hospital fifty-two days. There was a good deal of œdema of the leg when the patient went out, but this gradually subsided after careful bandaging.

### EPITHETIAL CANCER.

The *Medical Times and Gazette*, for Oct. 16th, offers the following valuable remarks on the subject of *Epithelial Cancer:*

The question as to whether those morbid growths which are characterised by an epithelial structure should be considered as "cancroid" only, or classed with the true cancers, is, we think, as far as English pathologists are concerned, almost set at rest. It is generally admitted, that, for the sake of precision of language, the term "cancroid" should be strictly limited to those diseases which, resembling cancer strongly in their progress and more prominent features, yet differ from it, in presenting no microscopic peculiarity of structure. Of these, a considerable and important class exists but the diagnosis of them, and of all normal structures, from the epithelial disease, is, by the aid of the microscope, perfectly easy. In

the latter affection, the essential qualities of malignancy are also well-marked. It rarely, if ever, fails to re-appear after excision—forms frequently a well-defined and circumscribed tumor, quite indistinct from mere indurations of the natural structures,—spreads, either by infiltration or direct growth, into the surrounding parts, without respect to the character of the invaded tissue,—affects the neighboring lymphatic glands, induces an extreme constitutional cachexia, and, sooner or later, almost invariably destroys the life of the sufferer. In most of these respects, it differs very materially from "cancroid" ulcerations, while it exhibits a close similarity to scirrhous and medullary cancer. In many cases its course is completed, and the fatal termination achieved, quite as rapidly as is usual in either of the latter. Those forms of it, however, which appear to be dependent in some way on the application of peculiar irritants to the skin, are usually much more chronic, and, when removed by operation, frequently permit the patient to remain for years without a relapse; but, even in these, although the constitutional taint is apparently comparatively slight, permanent cures very rarely, if ever, occur. It is much to be regretted, that, owing to the neglect of the use of the microscope, many cases have been classed as cancerous, and vaunted as cures, which were, in reality, only "cancroid."

Mr. Bowman's *new Operation for the Division and Removal of False Membrane or Opaque Capsule from the axis of Vision.*

A new and very simple method of effecting the above object has been recently introduced by Mr. Bowman, and been attended with complete success. It is well known how tough and resisting these bands and portions of membrane often prove, so that a cutting needle fails to divide or tear them, though it may drag them from one side of the pupil to the other, the structure yielding to a certain extent, and then returning to its place on the withdrawal of the instrument. The iris and ciliary body to which these membranes are usually attached, are liable to be stretched and injured under such handling, and we have even seen the iris detached from its ciliary connexions; serious inflammation is also prone to follow the operation.

The peculiarity of Mr. Bowman's method consists in the use of two ordinary cataract needles simultaneously. They are introduced through different points in the cornea down to

the band of membrane, and their points having entered it at the same or neighboring situations, as convenient, are then separated, tearing it across, and carrying it in two fragments to opposite sides of the pupil. Thus there is no drag put upon the vascular parts, and the only tissues touched are the cornea and the obaque membrane itself. One needle may be made to furnish a fixed point of resistance from which the other can act with advantage. During the last ten days this method of operating has been successfully adopted in seven instances, three of them were cases in which, after the removals of the lens by drilling, the pupil still continued closed by false membrane; and in the other four the sight was more or less interfered with by bands of lymph or tough obaque capsule passing across the axis of vision behind the iris.

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## FRANCE.

### *Escalier's Proceeding in Asphyxia from the Inhalation of Chloroform.*

Professor Rigaud relates in the *Abeille Médicale* of Nov. 3d, 1851, the following case:

Six months ago I was going to operate upon a woman for a tumor in her breast, and caused her to take chloroform. After a few inspirations the pulsation ceased suddenly, and the patient gave no sign of life. The chloroform was immediately removed, cold water thrown into the face of the woman, and frictions made over various parts of her body. After two minutes, which seemed so many long hours, these manœuvres produced a few feeble contractions of the heart, which soon ceased again, and were not accompanied by a single appearance of respiration. In this fatal condition it occurred to me to resort to the treatment of Dr. Escalier. I introduced my right index finger into the mouth of the asphyxied patient, made it pass along the base of the tongue, and lift the epiglotis. Then I pulled the tongue out of her mouth. This rapid motion caused an inspiration, which I made use of, to let her inhale Ammonia. But as soon as I let go the tongue it slipped back, and the respiration ceased again. I repeated the same manœuvre, and produced again respiration. But this time I retained the tongue outside of the mouth, and respiration continued to go on, after which, the woman recovered very soon, and all functions resumed their normal actions. Then I made the intended operation, without chloroform, and everything went perfectly well. I have no doubt, that in this case, the life was saved by the treatment recommended by Dr. Escalier.

*On the Hereditariness of Pthysis.*—Dr. Hervieux' object is to contribute some facts towards the solution of the question, as to the *mode* in which tubercles are propagated from parent to child, and at what period these become developed. He quotes the results of 711 autopsies made at the Hospital des Enfans Trouvees. Of this number, about 400 were less, and 300 more than 15 days old. Of the 711, tubercles were only found in 32; a fact sufficiently remarkable for those who know the frequency with which tubercles occur in young children. But it is to be observed, that these 32 cases are not equally distributed among the 711 children; and the chief value of the present communication lies in its insisting upon this distinction. Thus among the four huddred children who had not passed their fifteenth day, tubercles were only found in 2; one 11 and the other 13 days old. In the other 300 children they were found 30 times—viz: 8 times in children from 15 days to one year; 8 times in from 1 to 2 years; 10 times in from 2 to 3 years; and 4 times in from 3 to 5 years, (very few children above 3 years, being, however, received into the infirmary.) Examining the distribution of the cases which occur between fifteen days and one year, we find none prior to the 4th month; 1 at the 4th, 1 at the 6th, 2 at the 9th, 2 at the 11th, and 2 at the 12th. Thus the rarity of tubercles in infants extends not only to the first fortnight, but the first four months—the parent evidently only transmitting the predisposition to the disease. And if in an hospital, where so many causes of insalubriety prevail, this immunity extends for four or five months, it may, in private practice, be expected to be still longer, during which period we have the opportunity of employing prophylactic agents.—*Rev. Med. Chir., vol. xi. p.* 231.

*New Mode of Operating on Varicose Veins.*—The difficulty which usually occurs in operating for this, in securing the two ends of the artery, while the veins are incessantly pouring out blood, induced M. Malgaigne to try a new plan of procedure, by which opening the sac, or the integuments covering it, might be avoided. The case was an aneurism resulting from venesection, performed ten or twelve weeks before. A small pulsatory tumor existed at the bend of the arm, which caused little inconvenience. The artery was taken up, by means of two separate incisions; just below and just above the tumor, and the cure was rapid and complete, so that when the patient was seen seven months afterwards, no traces of the aneurism could be discovered.—*Rev. Med. Chi.* tom. ix. p. 155.

# Western Lancet.

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## BUREAU OF STATISTICS.

We have before us the remarks of Dr. John L. Vattier, of Hamilton county, on the bill now pending in the Senate of Ohio, to establish a Bureau of Statistics in the Secretary of State's Office. The subject is ably and lucidly discussed by Dr. Vattier, and can hardly fail to convince the Senate of the importance of the measure.

In its general relations, (embracing the resources of commerce, agriculture, manufactures, &c.,) the subject is of the highest importance to every statesman, philanthropist, and citizen; but our remarks, and the extracts from the document before us, will be limited to the bearing of statistics on medical science, and public health.

The great value of statistics bearing on the health of communities and countries, is now fully comprehended by the most enlightened and scientific nations; and, indeed, we might, with justice say, that the progress of this department is a fair measure of the actual state of science of any country or people. The particular subjects which interest communities are, registration of marriages, births and deaths; and although every statesman, and almost every citizen, is prepared to admit their importance, yet, paradoxical it may appear, *legislators* have not responded in many of the

States, to the sentiments so universally entertained, especially by medical men. On this point, Dr. Vattier justly remarks:

"Registration of marriages, births and deaths, has not received in our country that attention its importance deserves. The attention of our people is so much absorbed in pursuits of industry that promise an accumulation of wealth, that little attention is paid to matters connected with social rights and human life. The object of registration, to be well understood, should be carefully considered in all its bearings upon the personal and physical welfare, and the moral elevation of man.

Without entering into detail, it may be briefly remarked, that registration is designed to accomplish several important purposes:

1st. To preserve facts concerning the personal history of individuals.

2d. To preserve facts concerning the physical condition of communities.

3d. To influence and improve the moral condition of the people.

4th. It will ultimately lead to the diminution of disease and the extension of life.

5th. It will lead to a diminution of poverty and an increase of the wealth of the people.

6th. It will lead to the diminution of crime, and to the moral improvement and elevation of man."

In relation to the hygienic precautions, and sanatory laws observed by the ancient Greeks and Romans, the following remarks are made:

"Greece, at the height of her civilization, had her sanitary laws; the Spartans paid great attention to the physical education of youths of both sexes; they were trained to temperance and athletic exercises. Plato and Aristotle were of opinion that no city could exist without a sanitary system, and Demosthenes served as a health officer. Hippocrates, the "Father of Medicine," considered a knowledge of the causes of disease essential to the physician, and when asked, "who is the physician who is an honor to his profession," he replied: "He who has merited the esteem and confidence of the public by profound knowledge, long experience, consumate integrity; who has been led through the whole circle of the sciences; who has a due regard to the seasons of the year, and the diseases which they are observed to produce—to the states of the wind peculiar to each country, and the quality of the waters—who marks carefully the locality of towns, and of the surrounding country, whether they are low or high, hot or cold, wet or dry; who moreover neglects not to mark the diet and regimen of the inhabitants, and, in a word, all the causes that may produce disorder in the animal economy."

Hippocrates spent a great part of his life in exploring the Grecian seas, and of the Archipelago, in relation to the health of the inhabitants. His labors in tracing nature, and in observing and recording facts interpreted by her, has stamped immortality upon his name and writings.

The Romans, however, were the most sagacious, and legislated most in relation to these matters. They were practically masters of the subject. They stopped at nothing to protect the public health. Pliny wrote to Trajan in relation to a fœtid stream that passed through Amastris, as though it were an affair of State, so important did he consider it.

The rules and regulations, and all the operations for the protection of health in Rome, were of a very peremtory character and allowed no minor interests to interfere with them. The Censors who at different periods had charge of the buildings and apparatus for the removal of impurities, were invested with great powers, and derived a corresponding dignity from them.

The arrangements for supplying the houses of Rome with water were most minute. So strict were they, that from the time the foundation of a city was laid, to that of the zenith of its greatness, it would seem that nothing was permitted to take a shape that might render it a harbor for diseases or crime. And it is to this vigilant forethought that in the absence of other organizing agencies we may attribute the success with which that remarkable people preserved social order."

The following statements, contained in the remarks before us, convey correct view of the subject of statistics in regard to public health:

The three great eras in human life, are the periods of birth, of marriage and of death. These events influence the social destiny of man, and the first and last are the extremes which mark the limit of our existence. Whenever the dates of these events are publicly registered, there exists an indisputable memorial that the individual has lived. Otherwise, unless some comparatively rare event should happen to hand his name to posterity, his existence must become as if it had not been. Most of mankind would die as they have died, unknown and forgotten.

Every person, whatever their condition, should have the means provided in the public records to prove the date of these events, and of being identified with his relations and connexions.

The propriety of such a record must be apparent to all. The equitable descent of estates; the distribution of property; and the peace of families are often disturbed by troublesome litigation, all of which might be prevented by the facts which registration would furnish.

It would prevent difficulties which frequently occur in establishing claims for services in time of war. It may also affect our political rights. A young man may succeed in voting before he is of the proper age, and a single vote of this kind may cause legislative enactments injurious to our rights as citizens. An English jurist said "it appears to him fully as necessary for the preservation of the rights of individuals to preserve a register of births, deaths, and marriages as it is to preserve a register of deeds."

Registration can alone determine questions in relation to the duration of life, to diseases and causes of death. Insurance on human life and health is becoming common in our country. The rates are based entirely upon facts procured in foreign countries, which may not be proper rates for the population of the United States. We have not yet obtained sufficient facts to form accurate tables. Such tables are essential to determine questions often arising in determining the value of dowry, and life estates. Effectual means should be taken to gather such facts as will settle those questions equitably, and this can only be accomplished by registration. Establish a system of registration by which a thorough census of the living and the dead be taken and we shall soon have the means of constructing life tables which will show the probable expectation of life in any given section of the State. It would form an important source of information to all classes of the people.

But there are other important considerations to which we may refer. The registry laws of England have shown that thirty-five thousand die annually in England and Wales alone which might have been prevented.

It is estimated that the loss of these lives, which inflict innumerable pangs of personal and social misery from calculations made, impose a pecuniary loss upon the nation in the shape of unnecessary sickness, funerals and loss of labor, of about sixty millions of dollars, besides the large number of widows and orphans which these deaths occasion, and which are thrown into the public poor houses for support! And so with Ohio—the sacrifice of life, the pecuniary loss, and the social and personal misery which might have been obviated may be found to be as great in proportion to our population as they are in England.

Our only means to avert these evils is an efficient system of registration, and among the results developed it would afford us the means in what peculiar locality and among what classes of our people the average duration of life is longest; in what locality and under what circumstances diseases are most liable to occur; and what means we should resort to in order to the effectual development of the physical energies of the people. For human health is not equally vigorous nor human life equally extended in all places nor in all circumstances.

The locality, the seasons, the number and density of the population, their circumstances as regards wealth, their occupations, sex, and age, food, clothing, habits and manner of life, the moral influences brought to bear upon them, and many other circumstances may be regarded as influencing favorably or unfavorably the lives and health of the people, and these if properly investigated will place in our possession the means by which we can measure the force of mortality pressing upon a people.

As an illustration, I will refer to the fact that of 16,414 deaths which occurred in Boston from 1831 to 1840, only 6·46 per cent occurred in June, while 10·74 per cent occurred in September, showing that mortality pressed with 66·25 per cent more force in the latter than in the former month. "The average age of the deceased in the Catholic burials in Boston for ten years was only 12½ years, while the average age of the deceased in the general burials of the people in Franklin county, in the same State, was 37½ years, showing the force of mortality to be 200 per cent greater in the city than in the country."

The correctness of these facts depend upon the accuracy with which the registrations are made. Every marriage, birth or death that takes place in a given locality should be recorded.

According to an estimate made in relation to the average of human life, the poor in Dorcester, Mass., averaged 27 years, and the prosperous farmers 45 years of life. In Concord and Brooklyn a similar difference occurs. Children are the greatest sufferers from this partial dealing of death. Among the poor of Dorchester 32 per cent of the deaths were under 2 years, while with the rich only 12 per cent died under that age, and 27 per cent of the prosperous, and 9 per cent of the unprosperous reached the age of 70 years. These discrepencies open a field for the investigation of the causes which led to them.

Out of the 30,761 deaths embraced in the Massachusetts reports for four years, 13,154 died under the age of 20 years. It is melancholy to reflect that the vast number of persons were taken off before the age of maturity. It has been said that the strength and dignity of a country consists not in its lands—its houses—its wealth—but in the people, and I need only say that that people is most prosperous who have the greatest proportionate number of the productive age. Any loss of the productive power of the state may be regarded as an animal tax which the people must pay annually until they find out the means of prevention. It may seem strange that any attempt should be made to estimate in money what money did not procure, and what it cannot restore if taken away. Yet people estimate these things in this way.

We need add nothing to this lucid exposition of the value of satistics, except to remark, that the subject is of sufficient import-

tance to command the earnest attention of all legislators, and that medical men especially should exert every influence to secure the adoption of so important a measure.

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# Original Lectures, Essays, & Communications.

*Remarks on Disorders of the Cerebral Circulation, with special reference to the opinions of* Dr. Burrows. By V. Kersey, M. D., of Milton, Ia.

Dr. Alexander Monro, of Edinburgh, seems to have been the first to urge, in his public teachings, some of the peculiarities of the cerebral circulation. The following is his language.

"As the substance of the brain, like that of the other solids of our body is nearly incompressible, the quantity of blood within the head must be the same at all times, whether in health or disease, in life, or after death, those cases only excepted in which water, or other matter is effused or secreted from the vessels; for in this case a quantity of blood equal in bulk to the effused matter will be pressed out of the cranium."

This view of the subject seems to have had its origin in reflections on the anatomical structure of the cranium, and the well known laws of fluids. It was early and favorably received by several physicians, distinguished for scientific attainments; among these were Kellie, Abercrombie, and Clutterbuck; the former of whom instituted a series of experiments on living animals, with a view to test the accuracy of the theory; and the results were such, in his estimation, as to confirm the position.

The validity of this theory of the cerebral circulation may be regarded as depending on the following positions. First, the incompressibility of the crainal contents, solid and fluid. This negative property has not been demonstrated, and from its nature, of course, it never can be. And yet it is very generally admitted, that if these substances are compressible at all, it is in a very limited degree, probably even less than water,—so that, in a practical sense, the solids and fluids of the human body may probably be regarded as incompressible.

Second, the peculiar structure of the cranium, which ena-

bles it to protect the brain against the direct pressure of the atmosphere. That is, the skull and the other tissues composing the head are such, in a state of integrity, as to secure to the brain a lodging place of uniform capacity, and of unyielding and impermeable walls.

Third, we live in a medium, the atmosphere, which secures, under all circumstances, a state of repletion of all the cavities of the human body. Some of these, it is true, admit of being emptied, but in that case their walls collapse, and the cavity is virtually obliterated. Others, whose walls are unyielding, as the cranium, and cavities in other bones, must at all times contain the same amount of matter.

Admitting the correctness of these positions, several deductions of a practical nature follow of necessity.

First, the cranial cavity will not be drained of blood by ordinary depletion. Nay, the quantity of blood usually there, will not be diminished by this process, carried to any extreme, unless some other substance be permitted to take its place. And the wisdom of this provision affords a strong antecedent probability of the truth of the theory.

Second, the cavity of the skull being full in the erect position of the body, and no more than full in any other position, the quantity of blood there, will not be materially increased or diminished by gravitation.

Third, a state of hyperæmia of the aggregate vessels of the brain cannot exist, without a corresponding reduction of some other substance within the cranium.

Fourth, repletion, or anemia of the arteries of the brain, must be accompanied, *ceteris paribus*, by the opposite state of the corresponding veins.

But these deductions, although true in a general way, are liable to some exceptions. For instance, the removal of the body from the influence of the atmosphere, abnormal growths and effusions within the cranium; or the presence of gas in the vascular system, will defeat these results, by vitiating the conditions upon which they depend. Besides, it is probable that the cephalo-spinal fluid affords occasion for a slight physiological variation in the quantity of blood in the head. The structure of the spinal canal however, is such, although it admits of considerable motion, as to preserve, under all circumstances, very nearly the same capacity. And hence, it is not probable that this fluid, which in the normal state is distributed throughout the cranio-spinal cavity, will be driven by local pressure wholly into either department of this cavity.

But if this should occur, a corresponding change in the quantity of blood in the head, and also in the spinal canal, would follow of course. But as the average quantity of this fluid in the adult, is estimated at two ounces, (Carpenter,) it is obvious that the change would be comparatively very small.

When we consider the anatomical structure of the human body; the principles of hydrostatics; the results of Kellie's experiments; and that this theory of the cerebral circulation has received the sanction of such men as Abercrombie, Bell, and Mayo, the probability of its truth becomes exceedingly strong. But Dr. Burrows of London, in a work now before us, "on the disorders of the cerebral circulation," &c., has taken up the same subject; has pursued it by experiments on living animals, and reasoning from these results, and from some other observations, has arrived at conclusions opposite, in almost every particular, to those above stated.

As the irreconcilable views of these eminent teachers, like all contradictory propositions, can neither be both true, nor both false; as the question thus involved in uncertainty, is acknowledged on all hands to be one of the first moment in its physiological, pathological, and practical relations; as the work of Dr. Burrows, though recent, has been several years before the profession, and has received high commendation both in Europe and America; and so far as we are aware, may be regarded as embodying the present views of the profession, on the several subjects on which it treats; and as we have embraced and advocated views at variance with these, (See Western Lancet, Aug. 1851, and March 1852,) we hope it will not be out of place, here to examine a few positions touching this question.

It is worthy of remark, that Dr. B. seems to rely, to a great extent, upon experiments on living animals, to determine the important questions here at issue—a mode of investigation which seems to be fruitful in errors, if we judge from the opposite results of Kellie and Burrows, or from a more general view of the history of vivisections—a subject that has been pursued, at least in some instances, with more zeal than either judgment or humanity, and has often served only to confirm contradictory opinions.

Dr. B's. first experiment was conducted with a view to determine whether the cavity of the cranium may be drained of blood by depletion, and is described as follows:

"On the 11th of Jan. 1843, I killed two well grown rabbits. The one by opening the jugular vein and carotid artery, on

one side of the throat; the other was strangled. Each animal died violently convulsed. A ligature was drawn tightly round the throat of the rabbit bled to death, immediately it expired, to prevent any further escape of blood from the vessels of the head. The rabbits were allowed to remain twenty-four hours on a table, resting on their sides.

"On removing the upper portion of the cranium of the rabbit that died of hemorhage, the membranes of the brain were found pallid, and scarcely the trace of a blood vessel was to be detected on the surface of the brain. The longitudinal and lateral sinuses were found empty of blood, and their course was not denoted by any color of blood. Upon making sections of the brain, the interior appeared equally exsanguined.

"The superficial vessels and sinuses of the brain of the rabbit strangled, were full of dark, liquid blood. The whole substance of this brain, and its membranes, appeared of a dark reddish hue, as if stained by extravasated blood."

Dr. B. remarks, "It seems hardly necessary to bring forward further evidence to prove that death, by hemorrhage, has a most decided effect in depleting the vessels, and reducing the quantity of blood within, as well as upon the outside of the cranium. However, I have repeated the experiment with similar results."

It is a well established fact, that in surgical operations, especially about the neck, the division of large vessels is liable to be followed, at once, by the passage of air into the circulation, and consequent sudden death. But where the arteries and veins are both freely opened, probably divided across; and a suddenly fatal hemorrhage from these large vessels is thus induced; especially where the animal "dies violently convulsed," probably thrown into every conceivable position; thus affording every facility for the heavier fluid to descend, and the lighter (the air,) to occupy its place, it is scarcely possible, certainly not probable, for any other event to occur than for the vessels of the brain to be drained of blood and filled with air.

The appearances within the cranium of the rabbit destroyed by drawing a cord firmly round its neck, are probably about such as might be anticipated from the mode in which death was induced. And as this is strongly analogous to a considerable group of cases referred to in the course of the work, we shall for the present defer the consideration of the particular state which it presents. With the same object in view, name-

ly, to determine whether the cranium may be drained of blood by depletion, Dr. B. refers to the condition of seventy-two brains of the insane, examined at Batholomew Hospital. Of these, fifty-three were reported to have been "congested," some were "turgid;" others "extremely turgid." "Among the whole number the cerebral vessels were found unusually empty only once, and in this case, death was caused by the bursting of a femoral aneurism, three days prior to the fatal event."

"In view of these results," Dr. B. inquires, "can we give credence to the statement that the quantity of blood in the cerebral vessels is always nearly the same? Or that artificial abstraction of blood does not diminish the actual quantity of blood in the cerebral vessels?"

It should be borne in mind, that Monro, and those who advocate his views, do not contend for unconditional uniformity in the quantity of blood in the cavity of the cranium, but for uniformity in the quantity of matter there. This is abundantly obvious from the principles upon which the theory is based, and is distinctly expressed by Monro himself, in the quotation which stands at the head of this paper. It is, also, still more amply presented by Kellie, the early champion of these views, in the following summary statement of the results of his experiments on living animals: "That, though we can not entirely, or nearly empty the vessels of the brain, as we can the vessels of other parts of the body, it is yet possible, by profuse hemorrhage, to drain it of a sensible portion of its red blood. If instead of bleeding *usque ad mortem*, we were to bleed animals more sparingly, but repeatedly, *there is no doubt that we should succeed in draining the brain of a much larger quantity of red blood, although serous effusion would be increased.*"

Both these quotations appear in Dr. B's. book, so that he must have been fully aware that a uniform quantity of blood in the head is claimed, only conditionally, by the advocates of the physiological views in question. Yet he maintains a strenuous opposition to their doctrines—the propriety of which does not appear, unless he would be understood as teaching that the cranium may be emptied of blood without its place being occupied by any other substance.

But how shall we account for the unusually empty state of the vessels of the brain, in the case of death from hemorrhage, three days after the bursting of a femoral aneurism? The protracted and fatal hemorrhage in this case, would drain the

system of red blood to the greatest possible extent. The vessels throughout the body, except where inclosed in bony cavities otherwise unfilled, would be contracted far below their natural caliber. Such a state of anemia is productive of intense and unslakable thirst—and the attempt to satisfy this would lead to a watery condition of the circulating fluid—a state peculiarly favorable to serous effusion. The extreme tenuity of the coats of the cerebral vessels, and the unyielding nature of the surrounding bony case, would strongly favor this process in the head. Thus it is highly probable that there was much less blood, and correspondingly more serum in the head than in the physiological state; and moreover, that the former fluid was so poor and watery as to defeat the process of coagulation. And in such a condition, we cannot conceive how the brain could be laid bare, and examined, without first losing all, or nearly all, of its fluid blood. If we remove the scalp and saw through the cranium on all sides, so as to lift away the calvarium, the full weight of the atmosphere will be sustained by the surface of the brain for some minutes, before our observations can be made—the natural effect of which is, in this condition of the vascular system, to empty the delicate vessels of the brain, which, from their thinness, collapse with the greatest readiness, and yield their fluid contents to the large trunks in the chest and abdomen, whose native elasticity, in this contracted state, would powerfully contribute to this end. If in such a condition, we examine first the viscera of the abdomen and thorax, we insure the entrance of air into the vessels, which will take the place of the blood in the head, and allow it to escape. But if, first of all, as has sometimes been done, we draw a cord firmly round the neck, we may yet be misled; for the vertebral, and meningo-rachidian veins, communicating as they do, with the sinuses of the brain, and passing down the neck in bony channels, quite beyond the influence of such ligation, are amply sufficient to drain the brain of any quantity of fluid blood. The report in question, however, refers to no precautionary measures of any kind, and is short in some other respects; simply stating that the cerebral vessels were found unusually empty; without reference to extravascular fluids. So that we are left to conjecture that the cranial cavity was reduced to a state of partial vacuity by hemorrhage; or to account for the escape of its fluid contents during the early steps of the examination; the former supposition, although it seems to be countenanced by Dr. B., is not satisfactory, because it

appears to involve the infringement of an immutable law of nature. The latter has so many elements of probability in its favor, that we should confidently anticipate its occurrence in every similar case.

This case, and the preceding one, of the rabbit bled to death from the jugular vessels, constitute the sum of the observations and experiments, placed on record by Dr. B., in proof of his position, that the cranium may be drained of blood by depletion.

With a view still further to invalidate the doctrine that the cranium protects the brain against the direct pressure of the atmosphere—and to show that this, like the other great visceral cavities of the body, is capable of being drained of its fluids by simple gravitation, Dr. B. pursues his experiments on rabbits. The following is his account of the process, and results:

"Two full grown rabbits were killed by prussic acid, and while their hearts were still pulsating, the one was suspended by the ears, the other by the hind legs. They were left suspended for twenty-four hours; and, before they were taken down for examination, a tight ligature was placed round the throat of each rabbit. Upon opening the cranium of the rabbit suspended by the ears, the membranes and substance of the brain were pallid; the sinuses and other vessels were exsanguined; anemic beyond my expectation."

In the rabbit suspended head downwards, "the membranes and vessels were dark and turgid with liquid blood; the superficial veins were prominent; the longitudinal and lateral sinuses were gorged with dark blood, and there was staining of the tissues, if not extravasation of blood into the membranes. The substance of the brain was uniformly dark, and congested to a remarkable extent."

On this subject, Dr. B. has the following remarks:

"If the cranium were the perfect sphere, as taught by Monro, and as subsequently maintained by Abercrombie, and other distinguished writers on the pathology of the brain, these effects on its circulation, which I have now described, ought not to have resulted from the force of gravity on the blood in the cerebral vessels. From the foregoing experiments it would appear that the *principle of the subsidence of fluids after death operates on the parts contained within the cranium, as well as upon those situated in the thorax and abdomen.*"

We would fain inquire whether there is no rational mode

of accounting for the remarkable appearances described, without admitting a deficiency in the protection afforded the brain against the direct pressure of the atmosphere. We shall here again confine our remarks to the case of the bloodless brain. In describing the results of this experiment, Dr. B. speaks only of the condition of the vascular system; strangely omitting all notice of the presence or absence of serous fluids. It would certainly be a matter of interest, when the cranium is reported to be drained of blood, to be informed whether its place was occupied by any other substance. Or whether the gravitation of blood is really such, between the two extremes of a rabbit, as to produce an empty void. Does the brain itself, when perfectly drained of its fluids, acquire some mysterious property which enables it to expand, and fill the entire cavity of the cranium? Or does air permeate the tissues, enter that cavity, and permit the blood to escape? As this whole series of experiments is levelled against the position that the cranium secures the brain against the direct pressure of the atmosphere, and is regarded by the author as a refutation of that position, we are constrained to suppose that he maintains the latter supposition. For we cannot, with any reason, suppose that the capacity of this cavity is diminished by atmospheric pressure, in proportion as its fluid contents subside. But leaving these unsatisfactory conjectures, we shall take it for granted, as the report probably implies, that the cranium in question contained neither blood nor serum, but only brain—and enquire what cause could lead to such a condition.

In cases of violent and sudden death from a number of agents, and especially from prussic acid, the blood remains fluid; and putrefactive decomposition occurs at a very early period. (Orifila, Taylor). The permanent fluidity of the blood favors the subsidence of the red globules; and this has progressed to such an extent that they occupied only one-fifth of the mass, the upper four-fifths being colorless and free from their presence. (Carpenter). Chemical are subordinate to vital affinities, in a remarkable degree; but when the latter are suspended by death, the former resume their full play among the elements of the body. This applies with particular force to the blood. By the introduction of certain poisonous substances into the circulating fluid, its whole character is speedily changed, and its vital properties are altogether destroyed. (Carpenter). In such cases "molecular death follows close on somatic death." Nay, partial decom-

position sometimes precedes the death of the body. (Williams.) The general and permanent fluidity of the blood, after death or abstraction; and its dark color or otherwise altered appearance, are characteristic of this tendency. These conditions of the blood are generally met with in cases of death from prussic acid; and bubbles of air have been found in the heart where death was produced by this agent. (Orfila). The sudden death of a number of females, soon after parturition, has been attributed, and justly, no doubt, to the presence of gas in the vascular system. It is true that this gas is generally supposed to be atmospheric air, and to have entered the circulation through the uterine sinuses. But this supposition is not well supported; and there are on record several cases of sudden death from the same cause, where the presence of the air can be accounted for, only on the supposition that it is evolved from the vessels themselves, or the fluid they contain; and it is highly probable that its origin is the same in the former class of cases. In a late well authenticated case of sudden death from this cause, reported by M. Durand Fardel, several points of interest are noted. The victim was a lady 56 years old—health remarkably good. In this case bubbles of air escaped at an orifice made for the purpose of drawing blood. The autopsy was had twenty-two hours after death. There was no appearance of putrefaction. The blood was fluid, violet colored, and very frothy. The bubbles of gas were very numerous, varying in size from a pins head to a pea. No organic lesion was discovered to account for the phenomena. M. Durand Fardel expresses his conviction that "the evolution of gas is caused by spontaneous alteration in the crasis of the blood, of which we are ignorant." The whole mass of circulating fluid contains from twenty to twenty-five *per cent.* of carbonic acid gas, either in simple solution or loose chemical union, and the extrication of a small amount of this gas usually occurs during the coagulation or death of the blood. (Carpenter.)

If an animal be suspended by the ears immediately after death, it is possible, but so far as we are able to see, not certain, that the cephalo-spinal fluid will mostly, or altogether, ascend into the cranial cavity, and thus allow a portion of blood to escape from the vessels of the brain. In this position the colored corpuscles of the blood will have a tendency to subside, and the serum to rise to the head, and if the blood remain permanently fluid, and the position be long maintained, this might proceed to a great extent. This position might

sensibly effect the appearances within the cranium, without any change in the quantity of fluid there. A sufficient amount of carbonic acid gas might be extricated from the whole mass of blood, during its coagulation or death, to fill, in some degree, the cerebral vessels; and in this position it would be sure to find its way there, and allow the blood to descend. But it is scarcely to be supposed that an animal in full health, destroyed at once by a virulent and penetrating poison, such as prussic acid, where the blood is so changed as to prevent coagulation, and every condition exists favorable to early decomposition, could remain twenty-four hours, at an ordinary, perhaps a high temperature, without the evolution of a quantity of gas within the vascular system, more than sufficient to fill the cranium; and in this event the fluid blood would leave that cavity, and a condition of "remarkable anemia" would of course obtain.

But Dr. B. seems to regard this single experiment, (for it is all he records,) as affording ample and convincing proof that the cranium may be drained of its fluids by simple gravitation; on the score that it does not protect the brain against the direct pressure of the atmosphere.

Dr. B. has shown that a rabbit destroyed by apnœa, from a cord drawn firmly round the neck; and another suddenly destroyed by prussic acid, and suspended by the heels for twenty-four hours, present the appearance of great cerebral hyperemia. He also refers to the fact that, of seventy-two brains of the insane, fifty-three were found congested, and only one unusually empty. He further reports a case of threatened apoplexy, the subject of which was ultimately found dead, head downwards, in a pool of water; in which there was excessive congestion of the vessels of the membranes and substance of the brain. And he refers to a few cases of death by hanging, in which a similar condition existed, though this is not uniformly the case in this kind of violent death. And from these experiments and observations he makes the following deductions: "It may now be affirmed that the encephalon is not exempt from this law in physics—the gravitation of the fluids to the lowest part of the corpse.

The comparative weight of the human encephalon is estimated at one thirty-sixth of the whole body. And it is computed to receive into its vessels, and circulate one-fifth of the entire mass of blood. (Carpenter). If these estimates can be relied on as even approaching accuracy, it is obvious that, compared with other organs, a state of remarkable hy-

peremia is the physiological condition of the brain. And hence, when death is neither preceded nor followed by some cause capable of modifying this condition in a material degree, a large quantity of blood, amounting, perhaps, to some pounds, will be found in the cranium. It is highly probable that there is a material difference in the quantity of blood circulated in different healthy brains of the same size. The same brain is probably liable to sensible variations of size, owing to different states of nutrition, without any strictly pathological change; and thus corresponding changes in the fluid contents of the cranium may be induced. But it is to hypertrophy, atrophy, tumors, serous effusions, purulent secretions, and other affections of gradual development, and long standing, that we are to look, as the causes of those decided changes which sometimes occur in the quantity of blood in the head. It follows from facts and principles already cited, that appearances within the cavity of the cranium may be rendered very diverse, while the quantity of fluids there remains the same. In death from apnœa, however induced, the blood will be found unnaturally dark. If the head be dependent, and the blood remain long fluid, the colored corpuscles will accumulate there, and give the appearance of great hyperemia. Such a state is extremely favorable to *staining of the tissues*, a condition likely to lead to an erroneous estimate of the quantity of blood present. And, in this position of the body, it is possible that the cranio-spinal fluid would mostly leave the cranium, and thus give room for the entrance of an abnormal amount of blood.

We have now considered all the experiments, and many of the collateral observations recorded by Dr. B., and have thus some knowledge of the grounds of his opposition to the views of Monro, Kellie, and others, and from which he has deduced the following practical conclusions:

1st. "Artificial abstraction of blood diminishes decidedly the actual quantity of blood in the cerebral vessels."

2d. "The principle of the *subsidence of fluids* after death operates on the parts contained within the cranium, as well as upon those situated within the thorax and abdomen."

3d. "The encephalon is not exempt from this law in physics—the gravitation of the fluids to the lowest parts of the corpse."

4th. "If, then, it is proved, as I believe, that the quantity of blood within the cranium, so far from being a constant, or nearly constant quantity, is, on the contrary, as variable as in

other parts of the body, the pathology of many serious affections of the brain will require revision."

And yet, remarkable as it may seem, in the same section of his book, the author holds the following language:

"Regarding this serum (the extravascular,) as an important element in the contents of the cranium, *I admit that the whole contents of the cranium, that is, the brain, the blood, and this serum together, must be at all times nearly a constant quantity.*"

In view of this clear and unequivocal avowal of the doctrines of Monro, the refutation of which seems to be the leading object of Dr. B's. book, we are constrained to inquire, how, then, do "the fluids subside from the head, as well as from the chest and abdomen?" What substance supplied the place of the blood in the rabbit suspended by the ears? Why were we not informed in the narrative of that experiment that, though the blood was absent, a constant quantity of matter was preserved, and how this was effected? But after a short review of his own arguments, Dr. Burrows resumes his primitive views, and proceeds as follows:

"But how shall we account for these variations in the quantity of blood in the head, if the cranium be a complete sphere? Does the anatomical structure of the human cranium warrant the opinion that it is a complete sphere, capable of removing its contents from the influence of atmospheric pressure? I think not. If in the natural state of the parts, the brain is defended from atmospheric pressure, should we not expect to find the functions of that organ disturbed in some way, when part of the walls of this sphere is wanting? But in children with open fontanells, and in adults who have lost port of the bones of the cranium, we observe no peculiar disturbance of the functions of the brain (?) But lastly, the effects of gravitation on the fluid contents of the cranium, and the effects of cupping glasses, which will often draw blood from the vessels of the dura mater, causing ecchymosis there, assures us that the cranium is not a perfect sphere, in the sense in which it has been supposed."

To the first interrogatory in the above quotation it should be replied that Dr. B. himself teaches "that the whole contents of the cranium must be at all times nearly a constant quantity," and if so, it follows of necessity, that "these variations in the quantity of blood," are due to corresponding variations in the quantity of some other substance within the cranium. And further, this affirmed constancy can be ac-

counted for only on the ground that the cranium does amply protect its contents against the direct pressure of the atmosphere.

But a difference of opinion among physicians of the present day, respecting the nature of the mechanical influence which the atmosphere exerts on the contents of the cranium, a subject which the principles of natural science are capable of illustrating in all its bearings, is certainly much to be regretted.

We are not aware that the cranium has ever been regarded as "a perfect sphere;" nor yet, as "defending its contents against the effects of atmospheric pressure," but only as a firm bony case, capable of protecting the brain from the *direct* pressure of the atmosphere; and at the same time, maintained in a state of constant repletion by this same pressure on the surface of the body. The superficial surface of the brain is unquestionably relieved, by the intervention of the skull, from the direct stress of atmospheric pressure; the force of which would otherwise constantly tend from the surface toward the centre of this organ. And yet the structure of the human body is such that pressure uniformly applied to its surface, as by the atmosphere, or any similar agent, cannot fail to tell, with nearly equal force, upon every organ and tissue within the range of the circulation. Thus it is apparent, that the brain is subjected to a sanguineous, a vascular pressure, resulting from, and equal to atmospheric pressure. These forces however, tend in opposite directions. The latter, (atmospheric pressure,) tends from the surface toward the centre of organs, inclining to diminish their volume, by reducing the quantity of blood in their vessels. The former, (vascular pressure,) tends from the vessels towards the surface of the organ, inclining to increase its volume, by distending its vessels with blood. And thus the superficial surface of the brain is pressed against the internal surface of the skull, by a force, (vascular pressure,) equal to the weight of the atmosphere. And in the absence of all disturbing forces, these two sources of pressure balance each other so nicely that the brain is often observed to maintain its volume, and discharge its varied functions with perfect harmony, when a considerable portion of the skull is removed. This vascular pressure on the brain is, however, liable to some variations under the same atmosphere, although this latter is its chief source. A state of great plethora, powerful muscular exertion, interruption of the return of the blood from the head, over action of the heart, and cer-

tain positions of the body, are capable of increasing it. On the other hand, a state of great anemia, in which the large vessels throughout the body are contracted below their natural caliber, and perhaps some other conditions, will reduce this vascular pressure below the weight of the atmosphere. In the former state, every observer must have noted the prominent, the tumid condition of the fontanels in the unossified head of the infant. And in the latter, the shrunken appearance of the same parts, evincing some degree of recession of the brain, followed of course by the scalp. When all protection is removed from a portion of the brain, as in cases of grave injury to the head, the effects of these varying states of the circulation, and of other causes disturbing the equilibrium between the vascular pressure and the weight of the atmosphere, become painfully obvious; producing, in the one case, irrepressible and fatal cephalocele; and in the other, recession of the blood from the head, of the brain from the cranium, and the consequent sudden death of the sufferer, calamities which would constantly occur, were it not for the protection afforded by an unyielding cranium. "The (alleged) effects of gravitation on the fluid contents of the cranium," have already been considered; and some explanation of the phenomena attempted. It remains then to notice the fact that "cupping glasses applied to the scalp often draw blood from the vessels of the dura mater, causing ecchymosis there." What is the rationale of this process? If we apply a cup to a portion of the cranium which its margin will accurately fit, and exhaust it, the pressure will effectually cut off the circulation between the part inclosed, and surrounding portions of the scalp; and, of course, if we draw more than a few drops of blood, it must come through the cranium. Exhausting the cup, we empty the encompassed vessels of the scalp,—these vessels anastomose with those of the pericranium, and they are consequently emptied. But the vessels of the pericranium perforate the skull and anastomose with those of the dura mater; and of course the empty vessels without, are replenished by the full vessels within the cranium. We isolate a portion of the scalp, empty the vessels of this isolated portion, and by virtue of vascular continuity alone, we draw blood through the cranium, and from the vessels of the dura mater. We are unable to see any thing in this process, in the slightest degree out of harmony with the doctrine in question. Were the cranium indeed a *perfect sphere*, and the brain thereby thrown completely out of the range of the circulation, as in that case it

unquestionably would be; then it is clear that such effects could not follow the application of cups to the scalp. But it is not to be supposed that such opinions were ever maintained. The cranio-spinal cavity, it is true, is inapproachable, except through the medium of the circulation; but we are not aware that access through these channels has ever been questioned by any one. From principles already cited it is apparent that blood may be drawn from the brain by cups, the lancet, or any other means, provided only, the supply to that organ be uninterrupted. Were this cut off, it is difficult to see how depletion could be effected, even by the powerful agency of exhausted cups; for the walls by which the brain is surrounded are not of a nature to contract upon their contents to accommodate the process; and it is not probable that the blood could be so powerfully influenced as to produce a vacuum by leaving the head, even for the laudable purpose of filling an exhausted cup.

The second section of Dr. Burrows' book is devoted to the subject of "vascular pressure within the cranium, and its influence on the functions of the brain." And on this subject we propose to notice one or two positions maintained by the author. He says: "A principal and constant cause of pressure from within, is the momentum of the blood, distending the vessels ramifying in the membranes and substance of the brain. This pressure arises, partly from arterial, and partly from venous distention; also it is increased during expiration, and diminished during inspiration; and although the substance of the brain is very unyielding and incompressible, nevertheless it sustains, and is influenced by the vascular pressure. I consider it essential, in studying the physiology or pathology of the brain, to have constantly in remembrance the existence of this vital force." The functions of the brain cannot probably be maintained in a healthy state without a certain amount of pressure on the cerebral substance. Any variations of pressure which we can artificially produce and estimate, appear to affect the functions of this organ." "Numerous causes may affect the momentum of the vessels of the head, and hence give rise to very different degrees of vascular pressure; at one time this may become excessive, oppress the organ, and suspend its functions; at another time it is insufficient, and seems to be inadequate to sustain those functions." For the sake of brevity we would just state, that Dr. B. maintains at great length, that on the one hand increased vascular pressure on the substance of the brain, is the efficient cause of

apoplectic coma; and he expresses the opinion, that in a vast majority of cases of apoplexy, the coma is attributable to the *pressure* induced by vascular congestion of the brain." On the other hand "that syncope, however induced, is occasioned by *insufficient* vascular *pressure* on the brain, and *not* from the inadequate quantity of blood supplied to the brain and its vessels, as is commonly supposed."

We fully concur with the author, as to the existence of a constant and powerful vascular pressure on the substance of the brain; but not so fully, as to either the causes, or the effects of this pressure. We have, on another page, stated our views respecting its nature and origin, and it remains only to consider the pathological effects attributed by Dr. B. to the increase and diminution of this force. But before we proceed, it will be right to clear the premises of certain questions which may otherwise complicate and embarrass the inquiry. It is not doubted that many conditions of the brain exist, capable of suspending at once, and permanently, the functional activity of the organ. Such are extensive softening, abscess, gangrene, laceration, and violent concussion. But aside from these grave lesions, the functions of animal life may be perfectly suspended, and this condition may continue some hours without a positive interruption of the functions of organic life, and pass off, leaving no visible trace of its presence, constituting profound but transient coma. Or it may progress, the torpor invading the seat of the respiratory functions, until life is gradually extinguished, thus constituting death by coma. And further, healthy persons are sometimes instantly overtaken, under some emotional impulse, or other sudden impression, by perfect suspension of all the functions, animal and organic, constituting, as the case may be, either transient or fatal syncope. Now it appears that both these remarkable conditions (coma and syncope,) may occur without any appreciable structural lesion; and it is the present purpose to inquire after the efficient cause upon which they respectively depend.

In support of the position that coma is caused by vascular pressure on the substance of the brain, Dr. B. refers to the fact that in cases of death from apoplexy, the cerebral vessels are often found distended with blood; and when this condition is absent, he supposes it to have been removed by venesection, or other depleting measures, at too late a period in the disease to preserve life. He also refers to a number of facts and circumstances which favor the idea that apoplexy is generally associated with congestion of the brain.

There are numerous cases of coma on record, where the evidence of the presence of congestion, or indeed, of unusual pressure from any other cause, is wanting; nay, in some instances the evidence clearly favors the existence of an opposite condition of the brain. But were it established beyond a question that congestion is uniformly attended by coma, the proposed relation between *increased vascular pressure* and *coma*, would not necessarily follow. For although increased vascular pressure may be *one* of the legitimate effects of congestion of the brain, it is not the only one; it may be an innocent effect, incapable of disturbing the functions of the organ, while some other effect of the congestion may be the efficient cause of the coma. But this position is supported by other writers and other facts.

"That this uniformity (of pressure on the brain.) is of the greatest importance to the functional exercise, (of the brain,) is evident from a few well known facts. If an aperture be made in the skull, and the protruding portion of the brain be subjected to pressure, the immediate suspension of the activity of the whole organ is the result; in this manner a state resembling profound sleep can be induced in a moment, and the normal activity is renewed as momentarily, as soon as the pressure is withdrawn. This phenomena has often been observed in human subjects, in cases in which a portion of the cranial envelop has been lost by disease or injury."—[Carpenter's Phys.

Vascular pressure, and pressure applied to the surface of the brain, are liable to affect both the circulation, and the functions of that organ very differently. Besides, pressure on a cephalocele is not constantly followed by coma, for this is a legitimate and successful mode of treating this kind of tumor; which would not be the case, were it always, or very often, productive of so grave a symptom as coma. And if it were, it would be difficult to say that there is no hidden link in the chain between the pressure and the coma. It may be that pressure suspends the functions of the brain, only when, and because, it suspends the circulation in that organ; and if so, although it may often be the *exciting*, it is never the *efficient* cause of this condition.

In support of the position that syncope is the effect of insufficient pressure on the brain, the author refers to a large number of well known facts; such as suspended or greatly enfeebled action of the heart, compression or ligation of the carotids, hemorrhage and other debilitating discharges, anemia

the influence of posture, and of the revolving bed of Darwin, &c., all of which are well calculated to show that the functional activity of the brain is, on some score, greatly influenced by the supply of blood it receives. And the statements, arguments, and illustrations of the author, afford evidence that he is profoundly impressed with the idea that the paramount end of the cerebral circulation is, to secure the requisite pressure on the substance of the brain. As an example of the importance attached to *pressure* in sustaining the functions of this organ in the *absence of blood*, we will make a single quotation.

"In this rare cerebral affection (hypertrophy,) the *membranes and substances are found dry, and devoid of blood or serum, the medullary matter is as white and firm as blancmange, or hard boiled white of egg.* The *cranium* is already so completely filled by hypertrophy of the cerebral substance that the blood is unable to make its way through the vessels; and with all this *bloodlessness of the organ*, we witness none of the nervous symptoms of general anemia. On the contrary, the symptoms are rather those commonly ascribed to the effects of inordinate supply of blood to the brain."

If the starling statements in this quotation are to be accepted as canonical, then we may as well admit growth without nutriment, action without a stimulus, effects without causes, which no one will do. It is infinitely more natural to believe the most competent observer liable to error with regard to a matter of fact; and we therefore feel inclined to rest in the belief that the presence, and free circulation, of at least some quantity of arterial blood, is necessary to the development and functional activity of the brain, notwithstanding the nicest adjustment of pressure that can be applied or even conceived.

But are the views maintained by Dr. B., respecting the pathological effects of various degrees of vascular pressure on the substance of the brain, capable of being reconciled with certain well known facts? We have advanced the position that the brain is subject to a sanguineous or vascular pressure, resulting from, and equal to atmospheric pressure. And if so, it is obvious that all variations in atmospheric pressure are attended by corresponding variations in the vascular pressure on the brain. Hence, if we could determine the extremes of atmospheric pressure under which this organ is capable of performing its functions, we should know the degrees of vascular pressure which are respectively required to constitute the causes of coma and syncope. But we regret that we are

not in possession of the necessary facts for the successful prosecution of this point in the inquiry. We do not know to what height above the sea level human beings have ascended; either on mountains or in balloons. Neither do we know to what depths below the surface of the sea divers have descended, either in the usual mode, or in diving bells. And we are not in possession of a full and satisfactory account of the sensations, symptoms, and vital phenomena, which extreme departures from the mean pressure of the atmosphere are capable of producing. Persons descending in diving bells, have not, in the meagre narratives we have met with, noted any symptoms approaching those of coma. Acute pain in the ears, and certain undefined "peculiar sensations" are prominently noted. The narratives represent persons as having descended "many fathoms below the surface of the sea," "to the bottom of the sea," &c. And we are in possession of data which render it probable that persons have descended in diving bells about one hundred feet below the surface of the sea. At the pearl fisheries at Ceylon, the most famous in the world, and which have been carried on with great success for many centuries, the average depth of the oyster banks is about seventy-five feet. And we are informed that the divers sometimes go down more than one hundred feet. And yet we have seen no notice of coma, apoplexy, or any kindred affection.

On the other hand, persons ascending to great heights above the sea level, have suffered from prostration of strength, relaxation, roaring in the ears, dimness of vision, vertigo, a state resembling sea sickness, but worse, incessant vomiting, severe pains in the back and bowels, hemorrhage from the mucous surfaces, an irresistible tendency to sleep, &c., &c. But to what extent these symptoms are attributable to fatigue, low temperature, or diminished pressure, it is difficult to say. Green and Dr. Luck, at different times, ascended in baloons to a height of nearly four miles. Gay Lussac, as long ago as 1804, reached an elevation of more than four and a third miles. And yet at these *giddy heights*, the æronauts seemed to have retained their faculties; for they were able to manage their machines, and make frequent observations. In a barometer situated one hundred feet below the surface of the sea, whether in the water or in a diving bell, the mercury will stand at more than one hundred and twenty inches, indicating a pressure equal to four atmospheres. At an elevation of four and a third miles, the murcury will stand at about

nine and thirty-five hundredth inches, showing less than one third of the mean pressure at the sea level. The difference in the height of the mercurial column, at the two stations, is about one hundred and eleven inches. And the difference in the pressure on the superficial inch about fifty-four pounds.

If, then, we are correct in our premises, and if we have not unwittingly overlooked some fallacy, capable of vitiating the whole process of reasoning, and setting aside our conclusions, it is sufficiently obvious that increased vascular pressure on the substance of the brain, is not the efficient cause of coma; and that diminished vascular pressure on this organ is not the efficient cause of syncope.

What, then, is the cause of these two remarkable manifestations of disease?

To this inquiry we would not pretend to give a positive answer, but it is our present conviction that they are both due to certain conditions of the circulation. In the present state of physiology it appears probable that a well organized and sound brain, and a healthy state of the circulation, constitute the conditions necessary to the functional activity of the organ. That under these conditions the phenomena of sensation, motion, and mind, flow as naturally as the stream from the fountain. That a due supply of blood is indispensible to this end, is a proposition resting on as broad a basis as perhaps any truth in physiology. It is equally well known that the peripheral expansions of the nerves of an extremity, lose their function, when the circulation is arrested in the limb. It is, however, quite certain that grave lesions of certain portions of the brain may exist, without obvious disturbance of the known functions of that organ. From which it is equally certain that the circulation might be suspended in these same portions of the brain, without producing immediate signs of disease. But it is in the highest degree probable that suspended circulation in any one of the ganglionic centres, would be followed at once, were not the brain a double organ, by some manifestation of disorder, and that this would be the more striking, the more elevated the function of the disordered ganglion. If suspended circulation in the ganglionic centres of the life of relation, be the efficient cause of coma, then certain states of vascular engorgement, sudden and profuse hemorrhage, the ligation of the carotids, the application of pressure to the superficial surface of the brain, and many other conditions, may be justly regarded as exciting causes of this affection; and this is amply confirmed by the experience

of writers on pathology. But the respiration of anæsthetics, and certain carbonceous gases, demonstrate that the functions of animal life may be entirely suspended, while the circulation is still going on in a well organized brain. And it is thus made apparent that these functions can be maintained only while their ganglionic centres are duly supplied with a pure arterial, a highly oxygenized blood. The same circumstance shows that the functions of organic life may be maintained by a less pure blood. The imperfect aëration of the blood of the lower grades of animals whose lives resemble erratic vegetation, affords another illustration of the same principle. In fact, a simple comparison of the respiration, circulation, and vital phenomena of the several orders of animated beings, is sufficient to show that an important end of both respiration and circulation, is to supply the tissues with oxygen, and that the quantity of this agent required by any animal, or any organ, *is a just measure of the activity and the elevation of the animal or the organ in question.* There is the highest degree of probability that the functional action of the brain is the immediate result of the union of oxygen with one or more of the elements of which that organ is composed; that every thought, every emotion, every voluntary act, involves the oxydation, and consequent disorganization of cerebral tissue. That when oxygen is withheld, disintegration is arrested, and thought instantly suspended. Besides the direct observations by which this doctrine is so well sustained, it is supported by an endless variety of remote analogies. This agent, so essential to all the active and elevated operations of animal life, is not less necessary to germination, development, and decay in the vegetable kingdom; and it plays a prominent part in that endless round of events which is constantly going on in the world of inorganic matter. And it is a remarkable fact that in each of these departments of nature, active and striking phenomena are not only dependent on the action of oxygen, but are constantly associated with some modification of *disorganization.* So that it would seem that, notwithstanding this process involves the idea of final dissolution, it also comprehends all that is meant by *vital force.*

There is thus a physiological probability that coma is often caused by a *suspension of the circulation of highly oxygenised blood in the ganglionic centres of the life of relation.* And that syncope is due to suspended circulation in the nervous centres of *organic life,* as well as the *life of relation.*

But we are constrained to stop at the very threshhold of this interesting subject, without even surveying the rich fields which lie beyond.

*Milton, Indiana, Nov. 30th,* 1852.

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# Clinical Lectures and Reports.

## COMMERCIAL HOSPITAL, CINCINNATI.

*Medical Clinic*—Professor LAWSON attending Physician. Record by D. R. DYCHE, M. D., Resident Physician.

*Case* 1.—CRURAL PHLEBITIS.—ANASARCA FOLLOWING INTERMITTENT FEVER.

Conrad Keninger, aged 28, boatman, admitted Dec. 16th. Taken sick three months ago with intermittent fever, which continued about two weeks—after which, the left leg became very much swollen and painful. The entire limb was about twice the natural size. In about two months the swelling gradually subsided, but was followed by a precisely similar condition of the right leg, wh'ch is now greatly enlarged, and painful; the pain preceded the swelling, and is now most severe in the course of the blood vessels—also has had a slight tendency to diarrhœa. Bowels opened four times in the last twenty-four hours. Patient is considerably emaciated—skin pale—pulse feeble—spleen somewhat enlarged.

℞. Warm fomentations to the limb.

Dec. 20th.—Leg not quite so painful—bowels rather loose, tongue moist and smoother than natural. Continue fomentations,

℞. Chalk Mist ℥ss.
Tr. Opii. gtt. x. M. S. every three hours.

Dec. 22.—There is less pain and some reduction of the swelling of the leg. There is tenderness on pressure over the course of the femoral vein, which can be felt like a hard and rigid cord. The superficial veins are distended, giving a mottled appearance of the integument; urinary secretionvery free. Continue the fomentations.

Under the continued application of the hot flannels, with no important internal medication, the limb gradually im-

proved, and in the course of two weeks there was but little pain or swelling remaining. But after the subsidence of the disease in the limb now under treatment, pain and swelling recommenced in the other leg, which had been affected in the first place. The pain, tenderness and redness followed the course of the femoral vein, and that vessel could be distinctly felt like a cord beneath the integuments. The treatment consisted in fomentations, cathartics, the internal employment of hydriodate of potash, and the external application of the tincture of iodine to the inflamed limb. Under this treatment the disease gradually abated.

*Commentary.*—This case is interesting from the fact that it is a severe lesion measurably concealed by the œdema of the part. It would therefore be readily mistaken for simple anasarca; but a careful analysis of the symptoms clearly exhibits its true character. The disease commenced near the ancle, which, in the beginning was painful to the touch, although but slightly swollen; but the inflammatory action rapidly extended upward, following the course of the femoral vein, which became very painful to the touch, especially at the upper portion. There was some swelling and pain in the groin, and the superficial veins were considerably distended. The whole limb was moderately painful, and the cellular tissue largely distended with serum, so that very distinct *pitting* occurred on pressure with the finger. Upon the recurrence of disease in the limb first affected, the femoral vein was found very distinctly swollen, and tender to the touch.

The precise cause of this affection, in the present case, is not very apparent; indeed, the patients' account of its access is so imperfect that we cannot derive any reliable information from that source. His system, however, seems to have been impaired by a somewhat obstinate intermittent, although no extensive visceral disease could be detected; and it is probable that continued exposure proved the immediate exciting cause.

The pathological condition of a vein involved in inflammation, is quite characteristic, and cannot easily be mistaken for any other lesion. The inflammation is located, or begins in the lining membrane of the vessel, which is a serous tissue; from this it extends to the other coats, and may also involve the extra-vascular tissue. The intra-vascular changes are, injection of the lining membrane, effusion of lymph, and coagulation of the blood. The extent of these changes are quite variable. In some cases, the effusion of lymph and coagula-

tion of blood are not sufficiently extensive to entirely obstruct the circulation; but even in such cases there is an impediment to the free return of blood, arising from the caliber of the vessel having been diminished by the coagula. In other examples, the vessel becomes completely plugged, and the circulation is consequently entirely suspended. But in severe cases, the morbid process does not end here; the obstructed part becomes the seat of suppuration, the effused fibrin and coagula having been transformed into pus. In addition to this, all of the coats of the vessels may become involved; they swell, become separated by serous and fibrinous effusions, and, as the supurative action extends, the vascular tunics *melt down*, and become dissolved by the destructive process.

It will be remarked that *two* evil consequences follow phlebitis: 1. The obstruction to the free return of blood; and 2. The formation of pus, which, when the clots give way, or the vessels are opened by ulceration, may reach the circulation. These results are widely different, but both become formidable in many cases, and either may prove fatal. If the inflamed vessel proceed from an important viscus, (such as the brain, lungs, liver, etc.,) the obstruction which follows its complete obliteration is often quite sufficient to cause fatal lesions. And if suppuration occur, the patient may linger for a time, but finally it is too often fatal, either from exhaustion, or the introduction of pus into the system; to which must be added, the lesion of the viscus itself, when an internal organ becomes involved.

In the example before us, the disease was comparatively mild, and although there was great *obstruction* offered to the free return of blood from the extremity, (evinced by the general swelling and œdema,) yet the vessel did not become entirely obliterated, nor did suppuration occur. Indeed, it is hardly probable that suppuration can take place so long as the circulation maintains a tolerable degree of freedom. Moreover, the parts involved in this case were not vital, so that the constitution did not materially suffer; and when the inflammation was subsided no important function remained impaired.

These facts account for the disease yielding so readily to mild remedies. In the severe examples, the most vigorous treatment becomes necessary, such as general and local bleeding, blisters, antimony, and especially mercury.

It is probable that *phlebitis*—both visceral and external—

is a more common affection than is generally supposed. We need not be surprised that it should be overlooked; for the surrounding parts so speedily take on the characteristics of common inflammation, that the vascular disease becomes measurably obscured. Nor can it be detected even by post-mortem examination, except by a close inspection of the interior of the vessel involved. When the viscera are its seat, the entire organ soon becomes involved in the morbid action, which may readily withdraw attention from the local affection; and even if suppuration has taken place, it is apt to be regarded as a common abscess, resulting from general inflammation.

CASE 2.—LEAD-POISONING—ABSENCE OF COLIC—DIARRHŒA PRESENT—FATAL BY COMA.—Henry Gottschark, aged 33, house painter, admitted Dec. 11th, with pain and regidity of the muscles of the extremities—there is also a rigid condition of the muscles of the abdomen, and a very distinct blue line upon the gums and teeth. This condition of the muscles has continued for four months. Bowels have not been costive at any period of the disease; but on the contrary, there has been a constant tendency to diarrhœa; pulse is now feeble; surface about the natural temperature.

Was ordered ℞ Camph. pulv. grs. v.
Opii " " ss.

Dec. 12.—Slept none last night; pain in the limbs more intense; bowels moved once during the night; pulse not quite so feeble.

℞ Hydrarg sub. mur.
Rhei. pulv. aa. grs. x.

Warm fomentations were applied to the extremities, and in the evening an injection of oil and turpentine was given.

Dec. 13.—Bowels opened very freely. Extremities in about the same condition; muscles of the lower jaw rigid.

A warm bath was directed, and in the evening the injection was repeated.

Dec. 14.—Pain somewhat relieved; had several evacuations from the bowels; pulse feeble; temperature of the surface about natural; stools are dark and very offensive.

℞ Hydrarg sub. mur.
Camph. pulv. aa. grs. v. To be repeated every six hours.

Dec. 15.—Has not much pain. There is still a rigid condition of the muscles of the extremities and abdomen; had several convulsions this morning; pulse about natural in fre-

quency, tolerably full and compressible; bowels moved once.

℞ Ol Recini, ʒj.
" Terebinth. ʒj. M.

Dec. 16.—Pain in the limbs intense; muscles rigid; pulse frequent, small and moderate in force; temperature of the surface natural.

℞ Warm bath, and fomentations to extremities, and
℞ Dilute sul. acid, gtt. x.
Morph. sul. grs. j.

The patient soon became quiet, and in the afternoon was found in a state of stupor, from which it was almost impossible to arouse him. Cups were applied to the nucha, and an injection of oil and turpentine given.

Dec. 17.—Is in a state of partial stupor; bowels not opened.

℞ Ol. Ricini ʒj.
Ol. Terebinth. ʒj.

Dec. 18.—Bowels opened freely, otherwise in about the same condition as on yesterday. Ordered ℞ Dilute sul. acid gtt. x ter. die.

Dec. 19.—Still partial stupor, and a painful and rigid condition of the muscles of the extremities; pulse 60 and feeble; temperature of the head and trunk about natural, while the extremities are cold; respiration 14 per minute. Continued the dilute sul. acid, and

℞ Mucil. Acaciæ ʒss.
Am. carb. grs. v. M. every hour.

Dec. 20.—Condition about the same. Continued treatment.

Dec. 21.—Pulse slightly increased in force since yesterday morning; there is less pain and muscular rigidity; bowels opened once.

It is quite unnecessary to record the progress and treatment of this case further. No material alleviation occurred; the patient become more and more stupid, and finally sank into a comatose condition and died.

*Commentary.*—This case is especially interesting in s ing that *lead-poisoning* may proceed even to a fatal issue without the occurrence of *colic*. It is a great mistake to suppose that *lead-colic* is a necessary attendant on *saturnismus;* on the contrary, the spasmodic condition of the alimentary tube, is but *one* of the results of the poisoning. In the example before us, the patient had never been the subject of colic; and at the time of admission, instead of spasms of the bowels,

with the necessary constipation, he had actual diarrhœa. But although the spasmodic state of the intestinal canal was absent, other forms of inordinate muscular contraction were present. Thus, the abdominal muscles were firm and rigid, exhibiting very nearly a state of tonic spasm, and the same condition was witnessed in the muscles of the fore arms. Finally general convulsions came on, and it was apparent that the nervous centres were deeply involved in the morbid action. From the beginning, indeed, the patient gave signs of cerebral disease, and it was early predicted that coma would ultimately supervene.

It is an interesting fact, that lead, when it fully enters the circulation, becomes somewhat permanently attached to different tissues; and when the brain becomes thus invaded, it is apt to result in fatal disorganization. Indeed, it seems very difficult to dislodge lead from the system, especially from nervous matter. When attached to the brain it is apt to result in convulsions, palsy, coma, and death; when the nerves alone are invaded, spasms and palsy are the consequences. In the case before us, no treatment could promise more than mere palliation.

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*Chloroform in Delerium Tremens. By* T. J. Cogley, M. D., Madison, Indiana.

Some months ago, I was treating a bad case, which had for twelve days resisted all the means ever resorted to in Hospitals, as emetics, cathartics, cupping, blistering, anodynes, stimulants, opium.

He had had the disease before, several times, and it had been extremely difficult to put him asleep each time. I believed, with his friends, that if he did not soon sleep he could not recover; he had not slept for twelve nights; opium, in any dose, increased his delirium; he required constant restraint, and was dangerous.

I had him held in bed by four men, to administer the chloroform; he opposed it powerfully; at first it increased his delirium; we used and wasted six ounces before he yielded to it; when he yielded his breathing was extremely laborious and stertorous, for half an hour or more. After that, he slept quietly all night, eight or ten hours; was perfectly well all next day. Late in the evening, some slight hallucinations; his friends and himself fearing a return of his disease, *requested* the chloroform to be again given; it excited

him at first, but we held him again, and this evening he yielded to two or three drachms; the breathing became very hard and stertorous, and in a minute ceased entirely; for several minutes he was perfectly dead. I told his brother that he was dead,—that the chloroform had killed him. I have never felt so badly; there was great excitement in the room. I had perfect presence of mind. I *commanded* them to rub him all over,—open the doors and windows,—fan him,—sprinkle cold water on his face and breast, whilst I resorted to artificial respiration, (there was no galvanic battery in the house, but there ought to be one wherever chloroform is administered.)

I kept up the artificial respiration, the frictions, the cold water, fanning, &c. In half an hour he began to breathe at intervals, and in an hour was well. He slept all night and had no return of the disease.

*Remarks.*—I think probably the chloroform might have been dispensed with on the second evening; but the patient and friends both urged it. The next time I shall wait until I know it to be *necessary*; and I gave too much. I continued the sponge to his nostrils after he gave up. I ought to have removed it immediately when he became insensible.

I am confident it will prove of great value when the ordinary means have failed to procure sleep.

## Correspondence.

Cincinnati, Jan. 29th, 1853.

*To the Editor of the Western Lancet.*

Dear Sir:—In the last number of your valuable journal I perceive you have added a department for correspondents, and invited attention thereto. "The exposure of errors, among 'regulars' as well as 'irregulars' is spoken of as a legitimate subject of remark." I have nothing worthy of a formal article, and will therefore ask a place as a correspondent.

It has been observed with painful regret, on looking over the newspapers of the day that here and in many other places, our code of ethics adopted by the American Medical Association is frequently trampled upon. At present I refer to that portion which says, "it is derogatory to the dignity of the

profession to publish cases and operations in the daily prints, or to suffer such publications to be made." This is spoken of as "the ordinary practice of empirics, and highly reprehensible in a regular physician."

As I fully accord with the sentiments of the article quoted, and its violation being a matter of frequent observation, perhaps it may not be amiss to remind all those, who, forgetful of these salutary provisions, transgress the rule. In this city it is the common resort of quackery, and when any 'regular' (I prefer the term scientific,) physician is found adopting this road to notoriety, the whole profession is wounded and humiliated. From your position as a sentinel on the medical watch tower, I hope you will continue to sound the alarm, whenever salutary restrictions with which we are hedged about are broken down, or even weakened.

Yours truly, G. M.

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### *Patent Surgical Instruments.*

CINCINNATI, Jan. 23, 1853.

*To the Editor of the Western Lancet.*

Dear Sir:—It has become a question of some importance to the profession, to determine whether a physician can with proper regard for the dignity of the profession, hold a patent for a surgical instrument. On that subject our national code of ethics says:

"Equally derogatory to professional character is it for a physician to hold a patent for any surgical instrument or medicine," &c.

This is a clear and distinct statement, which leaves no room to doubt that those who adopted this code considered it derogatory to a physician to hold a patent, even for an instrument. Now the question which I desire to propound is this: Is it really derogatory to hold such a patent, or did the framers of this bill merely *copy the sentiment*, without much reflection? It is evident there are different opinions on this subject; some highly respectable physicians, (and the number is probably not small,) think there is nothing derogatory in holding such a patent; and, indeed, they place it on equal ground with the copy right of books. Others, on the contrary, adhere rigidly to the code of ethics, and believe it to be founded on correct principles.

There is another question of some importance connected

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with this subject, namely, what *instruments should be embraced under this rule.* For example, does the law in question prohibit a physician from holding a patent for a *stethoscope.* It is well known in the city of Cincinnati, that a gentleman was refused admission to a medical society, on the ground that he held a patent for a stethoscope. The society, however, was nearly equally divided on the question; some contended that there was really no impropriety in taking out a patent for an instrument of any sort; while others contended that the applicant was not debarred by rule, because it was not a *surgical* instrument, which alone was mentioned in the code of ethics.

Now the questions which I propose are the following:

1. Is it really improper for a physician to hold a patent for a surgical instrument.

2. What is the difference between a *surgical* and *medical* instrument?

3. What is the difference, in principle, between patenting an instrument, and securing the copy-right of a book?

I hope some of your correspondents will be able to solve these questions. INQUIRER.

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*Placental Presentations.* Extract of a letter from Dr. T. J. Cogley, of Madison, Ind.

"Cases of placenta prævia are justly considered amongst the most formidable that occur in obstetric practice. As you are aware, they occupy a prominent place in the British medical journals. The cases published, have been very differently managed; so that a young practitioner might be exceedingly puzzled after reading a number of cases, to determine the best method of procedure. He who encounters a case, without being well informed in regard to the diagnosis and management of it, should feel that there is no less a responsibility resting upon him, than the life of his patient, which his ignorance may lose; and every inexperienced physician, so circumstanced, should be honest enough to send immediately for the assistance of one whom he may have some reason to believe, or at least *hope*, is better informed.

For the benefit, *only*, of those who are *less familiar* with those cases, than myself, I have made a very humble attempt to simplify them, and as I *hope*, remove some difficulties that might originate in the minds of the inexperienced.

In the proper management of these cases, there are three things indispensable. 1st. The diagnosis. 2nd. The time to act. 3d. The way to act.

The diagnosis can only be *clearly* made out by passing the *hand* into the vagina, instead of one or two fingers, the practitioner being familiar with the characteristics of a placental presentation.

The time to act, is when the patient can *lose no more blood with impunity*,—the practitioner being able to judge correctly, from the amount already lost, the pulse, the voice, the respiration, and such other *data* as he can obtain,—and the *os uteri is dilated or dilatable.*

The way to act, is to pass the hand by the side of the placenta, on the side of the uterus upon which is found the lesser portion of the mass, where there is any difference in this respect, detaching it as the hand penetrates the uterus, and *after rupturing the membranes*, whatever may be the presenting part, to bring down one or both feet, *both* if possible, and deliver as expeditiously as prudence will allow.

The placenta *cannot* be perforated: the child *cannot* be *intelligently* turned, without rupturing the membranes: it is *not* good practice to deliver the placenta first, if it can be allowed to remain: but it *might* be found so detached and so completely in the os, or vagina, that its removal before the child would be imperative. I write from experience.

# Proceedings of Societies.

*Clark County Medical Society—Abstract of Proceedings.*
By W. W. Dawson, M. D., Yellow Springs, O.

A regular meeting of this Society was held in Springfield, on the 1st of February, Dr. McLaughlin in the chair.

An interesting discussion arose upon the report of committee, appointed at a previous meeting, on typhoid fever as it had manifested itself in the territory occupied by the members of the Society, and upon the different modes of treating the disease, and what plan had proved most successful.

The report was made by Dr. Shackleford, and embraced a history of its appearance and a summary of its treatment. The report would be of interest to the profession, and should

be published. My purpose in this communication, is not to discuss the paper, but to give a synopsis of the views of the gentlemen present, in regard to its pathology, alledged contagion, treatment, &c.

Dr. Paoli believed typhus and typhoid the same disease in pathology, symptoms, course and treatment. Gave the practice in the old countries, where small venesications, mercury, opiates to arrest the diarrhœa, sometimes employed externally over the abdomen after the removal of the cuticle by blistering, mucilage of gum acacia, as a light mild nutriment, were principally relied upon.

To arrest the diarrhœa so constant an attendant, and so exhausting to the system, Dr. Shackleford, the author of the report, had given at one dose xx grs. of acetate of lead. He had tried the same article in doses of from iv to vi grs. combined with 1-4 to 1-6 gr. of morphia, every two hours, without success. In the single case in which he gave this *heroic* dose, there was no discharge from the bowels for three days, when he moved them with castor oil. From this over dose he experienced no trouble, not causing even nausea.

Dr. Rogers found the duration of the disease about three weeks. Noticed a marked increase in the number of cases yearly. Believed the best course of treatment to be rather an "expectant" plan,—to watch for and prevent local determinations. He did not use much mercury, and seldom the lancet. He was not positive in regard to the propriety of the use of quinine, either in the forming stage of the disease, or at any period in its duration.

Dr. Hendershot, perhaps the oldest practitioner belonging to the society, discarded entirely the "expectant" plan, and regarded calomel, judiciously applied, as the only remedy to be relied upon. He seldom found much trouble after the system gave evidence of its peculiar effects. He did not think it of malarious origin, or that it was contagious. He regarded it as infectious.

Dr. S., of Carlisle, found much trouble in getting the patient affected with any of the preparations of mercury. Dr. Smith of the same place thought that he noticed rather a susceptibility in his cases to ptyalism, and unlike the experience of Dr. Hendershot, it did not prevent the fatality of the disease. Dr. Smith gave x gr. doses of quinine to a young lady, in what he regarded the "forming stage" of an attack, for three days, and arrested the disease. He repeated the dose during the period, often enough to keep up decided quininism all the time.

Dr. Foster regarded the disease as decidedly contagious. During the past summer, all the cases that he had used mercury upon, died—those in which he did but little, pursuing an expectant plan, recovered.

Dr. Poague was also best pleased with the expectant course. He found the disease generally of longer duration than had Dr. Rogers; that the long continuance of the patient in bed gave him greater trouble and annoyance than any expectation of the disease terminating fatally. He had not witnessed so great fatality as most of the gentlemen. Had but little confidence in quinine in any stage.

Dr. McLaughlin found but little use for calomel. He used blue mass rubbed to a powder with carb. magnesia, instead of hyd. c. creta. The insolubility of the chalk in the latter preparation he regarded as irritating to the bowels. He used frequent sponging. In one case, where all that he had done had failed to make any impression, he gave tolerably large doses of quinine. He soon had a crisis. The skin, before hot and dry, now became moist and a rapid recovery ensued.

Dr. Hackenburg spoke of the use, by the French, of hydrargiri sulphuretum cum sulphure, regarding it as free from the objections urged against either calomel or hyd. c. creta. He had noticed a ready susceptibility to the constitutional effects of mercury. Mercury is demanded in inflammatory diseases where fibrine is in excess. In this it is deficient.

The writer had witnessed the practice of three distinguished members of the profession upon this disease, as it occurs in hospitals, where it is always more violent, and any course of practice, will not be attended with the success seen in private practice, for reasons at once obvious.

The first of these gentlemen bled—from xii to xx℥, in the first stage, and gave mercury for its constitutional effects, cupped and blistered where there was the least evidence of local congestion. The second did not bleed so largely, but more often. He did not make so free use of mercury, but depleted from the surface, about as the first. The third never bled,—his efforts seemed to be to conduct his patient through the disease, the course of which could not be cut short. He watched closely for and promptly met any organic invasion. Quinine was given but seldom. The second was more successful than the first, and the third by far the most successful of either.

My own practice has resembled the latter, and in my hands it has been found most satisfactory. In the dryness of the tongue so often met with, ipecac alone has been more success-

ful in restoring the secretions than when combined with either calomel, blue mass, or hyd. c. creta. Have not seen evidence of contagion. It is undoubtedly infectious. Have not derived any benefit from quinine. The duration has been from four to six weeks.

*Use of Cod Liver Oil.*—Dr. Paoli, from the committee appointed to investigate the use of cod liver oil, made his report, which was also a very interesting one, but hoping that it too may be placed before the profession, I will not do it injustice by making a mere sketch. Dr. Rogers had used cod liver oil with some considerable success. He thought that its properties were not altogether alimentary, that they must be medicinal. He had used it in a variety of cases, but most generally, in those involving a strumous diathesis. He had some patients upon it now, that were evidently improving. Dr. Foster had used it in connection with phosphate of lime, in some cases of tubercular disease, and had been gratified with the result.

Dr. Shackleford detailed an interesting case which occurred in his own family. His brother was, as was thought, laboring under phthisis pulmonalis. He used large quantities of this oil, amounting in all to four gallons. The sequelæ of the case changed his opinion in regard to its pathology. It proved to be, as he supposed, pleuritis, resulting in empyema; that the pus found its way out through the bronchia. He regarded the action of the cod liver oil as entirely nutritive—supporting the strength, whilst nature was overcoming the breach.

The writer had seen decided benefits arising from its use. Had used it with some success in dyspepsia;—not prepared to say what is its modus operandi in stomach disease,—whether it is medicinal or nutricious. In chronic gastritis, well convinced that its virtue arises from the fact of its ready digestibility and speedy assimilation.

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## *Delaware Medical Society.*

We have received the Constitution, By-laws, Fee-bill, and Code of Ethics adopted by the above society. The constitution and by-laws are clear and judicious, and we should think would be quite sufficient to govern the members of the society. The following by-law we most heartily commend.

"No person shall be admitted to membership who is not fully *orthodox* in his professional belief and practice, who either practices quackery, or countenances quacks or irregulars by consulting with them, or using or recommending their nostrums."

We have no idea of the regular profession fraternizing in any manner, (social, religious, or professional,) with any form of quacks or irregular practitioners. But there is one part of this rule which has been too often violated, and that too by persons in high places,—we allude to the *recommendation* of nostrums. It is a shame that the names of regular and reputable physicians are so frequently found dangling at the tale of a loathsome nostrum certificate!

In looking over the *fee bill*, we notice some charges which seem too low. Perhaps they were placed as high as was found expedient. Thus, in town, two or more visits a day, after the first, 50 cents. Obstetrical cases, within five miles, detention not over 6 hours, $5,00, and 25 cents for each additional mile. According to this rate, a physician may ride *ten* miles, be detained *six* hours, and charge only $6,25. *Consultations*, town fees, first consultation visit within half a mile, $2; for each subsequent visit, if one a day, $1; if two or more visits a day, for each after the first, 75 cents. According to this rule, *two dollars* is the regular consultation fee.

These charges we think are too low,—less certainly than the physician deserves; but every locality is necessarily governed by the peculiar circumstances which surround it. The code of ethics is that adopted by the American Medical Association.

# Reviews and Notices.

*General Pathology as Conducive to the establishment of rational Principles for the Diagnosis and Treatment of Disease; a course of Lectures delivered at St. Thomas' Hospital, during the Summer Session of* 1850. By JOHN SIMON, F. R. S., one of the Surgical Staff of that Hospital, and officer of health to the city of London. Philadelphia: Blanchard and Lee, 1852. pp. 211.

This is a reprint from the London edition of Mr. Simon's book, and, for a wonder, it appears without notes or *additions!!* Our Philadelphia friends seldom permit an English work of much note to slip through the press without attaching a new name to it; but in this instance they have probably been too busily engaged in larger operations to notice a small octavo of 211 pages. So, poor Simon is uncerimoniously introduced and without an *American* endorsement. We are compelled, therefore, to take it, (like a servant without a *char-reetur*,) as we find it, trusting that it may be none the worse for such a deficiency.

In regard to the merits of the treatise, we can only remark in brief terms, that it contains a good out-line of general pathology. The author, however, it seems to us, is sometimes obscure, and again fanciful; thus he regards *fibrin* as an *excrementitious* substance, and adopts Henle's opinions in relation to *reflex* relaxation in inflammatory and hypertrophic action. But notwithstanding these occasional vagaries, and a flippancy and redundancy of style not altogether compatible with scientific writings; still the book contains much highly valuable matter, and is indeed an excellent epitome of the subject. We would advise the student of pathology, therefore, to add *Simon* to his library, and to study its pages with due diligence. For sale by H. W. Derby & Co.

*Principles of Human Physiology, with their chief application to Psychology, Pathology, Therapeutics, Hygiene, and Forensic Medicine.* By WILLIAM B. CARPENTER, M. D., F. R. S., F. G. S. Fifth American,—from the fourth and enlarged London edition; with 314 illustrations. Edited with additions, by FRANCIS GUERNEY SMITH, M. D., Professor of the Institutes of Medicine in the Medical Department of Pennsylvania College, &c. Philadelphia: Blanchard & Lea, 1853. pp. 1091.

In this the *fifth* American edition of Dr. Carpenter's valuable work, numerous additions, omissions and modifications have been made, so as to constitute almost a new treatise. The principal modifications occur in the following subjects: On the chemical components of the human body, and the changes which they undergo in it; the structural elements of the human body, and the vital actions which they exhibit; on the nervous system; and the part devoted to the subject of generation and the development of the embryo.

It will thus be seen that Dr. Carpenter has thoroughly and carefully revised his book, and with great accuracy and fidelity introduced nearly all of the recent improvements in the department of physiology. We have no hesitation in pronouncing it the most faithful, accurate and complete digest of physiology accessible to the American student. For sale by H. W. Derby, & Co.

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*Physicians' Case Book:* Published under the direction of the Kentucky State Medical Society. Louisville: T. R. NELSON, 1852.

This is a blank book, ruled and printed in a suitable form for the convenient record of cases. The Kentucky State Medical Society, at its meeting in November last, appointed a committee to arrange a plan for a *Case Book*, adapted to the wants of the busy practitioner. Accordingly a plan was reported and adopted, and the book ordered to be printed, a copy of which is now before us. The plan is probably as

good as can be devised, and we strongly commend the book to the favorable notice of the profession. A large amount of valuable material is lost for the want of records; and even when cases are *reported* they are too often based on memory, and therefore, necessarily more or less inaccurate. By having a convenient blank book, such as the one before us, the physician will be almost irresistably impelled to record his cases, which are then preserved, in an accurate form, for future use. We hope this or some similar book will come into general use.

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*The Physicians' Visiting List, Diary, and Book of Engagements for* 1853. Philadelphia: Lindsay & Blakiston.

This is a neat little pocket book, which at once serves as a diary, a memorandum book for visits, consultations, memoranda for each month, address of patients and others, nurses' addresses, record of bills and accounts called for or rendered, memoranda of wants, of obstetric and vaccination engagements, list of things lent, and general memoranda. It is a valuable little pocket companion which possesses more properties than one would expect to find in so small a book.

# Progress of Medicine.

## UNITED STATES.

### *Yeast in Diabetes Mellitus.*

The advances of pathology have fully established the important fact, that *Diabetes Mellitus* is not a disease of the *Kidneys*, but that it results from the presence of sugar in the blood,—the saccharine matter not being properly transformed, either as a result of diminished transforming power, or (what often happens,) the sugar is produced in too large quantities, either by the stomach or the liver.

The non-transformation of sugar in diabetes has suggested the idea of using *yeast*, and also *rennet*, which possess the pro-

perties of transforming sugar into lactic acid. In the *Transactions of the College of Physicians* of Philadelphia, we find this subject discussed. Dr. Wood introduced a case, and entertained strong hopes that the treatment would prove beneficial. At the *next* meeting, the following statements were made.

Dr. Wood remarked that, since the last meeting of the College, there has been no further improvement in the case of diabetes, the history of which was then presented by him. The employment of the yeast has been persevered in, except for a short period during which rennet was substituted without any appreciable effect; but there has been rather a falling back than continued diminution of the symptoms. The patient is better, however, than when first subjected to treatment. The quantity of urine is diminished one half, and its specific gravity is considerably less.

Dr. Pepper has employed the yeast in a case of diabetes; the effect appeared at first to be strikingly beneficial, but this did not continue for any length of time. Dr. P. has used rennet steeped first in tepid water, and subsequently, with the view to increase its strength in wine, but has not observed any good effects to result from its employment. He suggested that a trial should be made of pepsin as a remedy in diabetes.

Dr. P. inquired whether any of the fellows present could, from his own personal knowledge, cite a case of saccarine diabetes in which a cure had been effected.

Dr. C. D. Meigs had some time ago under his care a young man laboring under diabetes; at his suggestion, the patient consented to live exclusively upon azotized food, and in consequence recovered to all appearance from the diabetes, and regained a perfect state of health; but subsequently he abandoned himself to a dissipated and irregular course of life, and died of disease of the heart.

A few days ago he saw a lady, about 29 years of age, who was affected with an excessive discharge of urine; he put her under the use of yeast, a teaspoonful three times a day, but it acted on the bowels so severely—producing excessive diarrhœa—that she was under the necessity of discontinuing it.

Dr. Coates has seen a number of cases of diabetes mellitis, but knows of no instance which terminated favorably.

Dr. Jackson had the good fortune to effect a cure in a case of genuine diabetes. The history of it is recorded in the *American Jour. of Med. Sci.* Vol. III. p. 487. The patient, a robust and healthy man, after suffering from intermittent

fever became affected with diabetes—his urine was profuse in quantity and as sweet to the taste as honey and water. The treatment consisted in the administration of remedies to determine to the surface, with bark and iron to support the strength.

On referring to the record of the case, we find that the patient was "directed to take Dover's powder every evening as freely as the stomach would bear it, and at the same time to put his feet into a tub of hot water under the bedclothes, while he lay extended on his back and well covered. He was directed to live almost wholly on animal food and entirely without vegetables; to drink as little as possible, and, in fine, to avoid everything that could impose labor on the kidneys.

The simultaneous use of the powder and the bath had the desired effect, producing a free and comfortable perspiration, not one feeling of which he had known for many months, and in a few days the skin felt more natural, the urine began to diminish, and the patient felt that he was certainly better. The previous prescription was continued, and we directed a tonic mixture of bark, ginger, and iron." The cure, it appears, was completed in about two months. The patient was merely visited by Dr. Jackson in consultation with Dr. Price, of Sunbury.

Dr. Maybury stated that some years ago, a patient was sent to the city laboring under unquestionable diabetes. He was placed under the care of Dr. M. The patient was very much emaciated, feeble, and anemic. The urine when tested was found to be decidedly saccharine. He was confined to an exclusively animal diet, tonics, principally preparations of iron, (the muriatic tincture,) in large doses, sulphate of quinine, the subnitrate of bismuth, etc. This treatment was continued for nearly six months, when the patient was entirely cured, and is now enjoying good health.

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## *Quinine in Tetanus.*

Every physician has felt the inadequacy of remedies in this fearful malady. A friend told us recently that he kept a patient affected with tetanus under the influence of chloroform for an entire week, but without success. Every *successful* case presents some degree of interest, and the following is of that class. Dr. Pye, of La., makes the following statement in the *N. O. Med. and Surg. Jour.*, Jan. 1853.

"In the spring of 1850, Dr. N.——, a retired Physician of Catahoula parish—a gentleman of intelligence and information—called on me to know "if I had seen any thing in the course of my late reading, worthy of a trial in Tetanus." He had a negro boy, about 14 years old, laboring under the most violent attack of Traumatic Tetanus that he ever witnessed. The boy had fallen from a horse some weeks before, receiving a wound in the face. The wound was apparently slight; little attention was paid to it, and it healed in the usual time. Symptoms of Tetanus, however, soon made their appearance, and had gone on constantly from bad to worse, in spite of the treatment. He had been purged, blistered, had taken opium, whiskey, spirits turpentine, calomel, the hot and cold bath, but with no relief. "In short," said the Doctor, "I have gone through the routine. I have tried the old practice; unless something else can be done the boy must die." I recollected that in the New Orleans Medical and Surgical Journal for 1849 I had noticed a case, reported by Dr. Brickell, of the Charity Hospital, in which chloroform and quinine had been given, and in which the cure was attributed to quinine in 30 grain doses. It seemed to me, at least, worthy of a trial—the quinine. The suggestion was at once adopted. We decided to begin with 30 or 40 grains, and increase the dose until some effects were produced. The Doctor was rather doubtful of finding his patient alive on his return; but promised, if he was still living, to give the quinine a fair chance. On his return he found all the symptoms increased in intensity. The intervals between the paroxysms had dwindled to but a few moments of partial ease; with these these transient exceptions, he was in a state of constant and most violent episthotonos; and it was evident that unless relief could be procured, death must soon close the terrible scene. Taking advantage of the first opportunity, the Doctor got down his throat 30 grains of quinine—examining his watch at the same time. In one hour he again visited him; he could perceive no change; repeated the dose. In the course of the next two hours the Doctor thought or fancied he perceived slight—the slightest possible diminution in the intensity of the paroxysms; at any rate the boy thought himself relieved and begged for the medicine. He got 30 or 40 grains. The improvement in the next two hours was evident. The paroxysms were not only less severe, but the interval was also decidedly longer and freer from pain. The boy's sensation of relief was yet more decided, and he clutched at his quinine and

swallowed it with an evident "*gusto.*" He threw his arms heavily about, saying that he felt "drunk" and "happy!" The case went on regularly improving; the only other medicine given being an occasional dose of oil, to keep the bowels open."

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### *Laryngotomy in Chronic Laryngitis.*

Dr. James Deane details, (*Bost. Med. Surg. Jour.*, Jan. 12th,) a case of the above character. The patient was a middle aged lady of a strumous habit, and who had suffered from dyspepsia. When first seen, there were large glandular swellings upon both sides of the neck, breathing difficult, stridulous and convulsive, slight cough; but free secretion of mucus and pus. There being impending suffocation, laryngotomy was at once performed, the patient being under the influence of chloroform. The reporter says:

"The benefits accruing from this measure were subsequently very manifest as far as respiration was concerned; she ever after breathed freely. The dysphagia, however, steadily increased, while the amount of nutrition diminished in a corresponding ratio, until it ceased altogether. During the last eighteen days of her life she had lost the power of swallowing. She was therefore emaciated to the last degree, was partially delirious from insufficient sustenation, and she died at the expiration of the fourteenth week from the operation.

An examination revealed extensive ulceration and destruction of the larynx. The epiglottis was partially destroyed; the arytenoid cartilages and ligaments, in fact every distinct landmark of organization above the caricoid cartilage was totally destroyed; so that there was no trace whatever of the rima glothis or chordæ vocales, and the boundaries separating the cavities of the larynx and trachea were wholly obliterated. The entire surface of the larynx was in a state of ulceration, and was studded with profuse vegetative growths or interstitial depositions. Small bony particles existed in the region of the cricoid cartilage, and one of the horns of the thyroid cartilage which was denuded was seen to be ossified. The anterior walls of the pharynx were destroyed, consequently this cavity and that of the larynx were united, and during the latter days of the patient's life the fluids she attempted to drink passed directly into the trachea and were re-

gurgitated through the canula. The upper portion of the œsophagus was also ulcerated and its orifice very much contracted. The glandular swellings upon the neck were in a state of suppuration. The lungs were reduced to a mere handful, but there were no indications of softening; they were evidently in a condition of miliary tubercle."

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### *Remedy for Infantile Asphyxia.*

Dr. Jones (*Southern Jour. Med. and Phys. Sci.*,) relates a case in which a child was born in a state of asphyxia, and gives the following as the treatment.

"The ordinary means, such as stimulating baths, inflating the lungs, friction, &c., were used, probably a half hour or more, without any apparently beneficial effect. At this crisis, the father, (or man who should have been,) entered the room, bearing upon his breath the odor of alcohol. I called to him and told him to come and apply his lips to those of the child, and gently blow into its mouth. He looked astonished, and exclaimed: What, me, sir!! Yes sir, said I, you are just the man, come on. He did so. He inflated the lungs and I expelled the air repeatedly; and together we at length succeeded in resuscitating the child, which I am constrained to regard as wholly attributable to the stimulus of the alchoholic inspiration. It is at any rate worthy of a trial, after the ordinary means have failed; and in the absence of a drunken husband, we suggest that the accoucher inhale the vapor of alcohol, or spirits of camphor, immediately previous to inflating the lungs of the child."

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### *Sulphate of Cinchonia in Intermittents.*

The high price and increasing scarcity of the sulphate of *quinine*, have induced the profession to look anxiously for a substitute, less expensive, but equally efficacious. With this view, Dr. Pepper (*Am. Jour. Med. Sci.*) one of the Physicians of the Pennsylvania Hospital, has been making trial of the *sulphate of cinchonia*, and the results prove that it will arrest intermittents with as much certainty as the sulphate of quinine. He gives the details of 15 cases in which it proved successful, and in some of which the *quinine had failed.*

We extract the following remarks from different parts of the article before us, for the purpose of placing Dr. Pepper's opinions before our readers.

"Hitherto, this important alkaline principle appears to have been thrown aside as possessing little or no value, or used by the more dishonest simply for the adulteration of quinia; and this erroneous impression, as to the comparative inefficacy of cinchonia, probably originated in the fact that quinia was first fairly tried in the treatment of intermittent fevers, and having proved highly efficient in this disease, it naturally disinclined medicinal men to a full investigation of the medical properties of the remaining alkaline principle contained in bark.

* * * "Judging from my experience in former seasons in similar cases, I am fully convinced that the cinchonia proved quite as efficacious as quinia, and occasionally, indeed, it appeared to be even more prompt. In no instance, that I am aware of, did it produce vomiting or other indications of gastric irritation; but when given in large doses, it gave rise to the same fulness of head as follows the use of quinia. In all the cases, the sulphate of cinchonia was given in solution with the addition of a few drops of sulphuric acid; my first impression was that it was more soluble than the same salt of quinia, but a more careful examination convinced me that such was not the case. In taste the two salts appeared closely to resemble each other, but the cinchonia is, perhaps, the least bitter.

* * * Not only is cinchonia an efficient remedy, but it derives additional importance from the fact that, at the present time, it can be supplied at far less than half the price of quinia. The poor are now in a measure debarred from the use of this last named remedy, owing to its high cost; but this evil could, in a great degree, be obviated by the general introduction of cinchonia. The immediate effect would be a reduction in the price of quinia; but at the same time it is evident that the increased demand for cinchonia, would necessarily enhance the value of this remedy—though it is hardly probable that either of these alkaloids would at any future time again command the high price now asked for quinia."

*Dislocation of the Hip; Easy Manual Reduction under the Influence of Ether.* (Extracts from Boston Soc. for Med. Imp. in *Am. Jour. Med. Sci.*—Dr. Parkman reduced a recent dislocation of the hip very easily with his hands alone, and unassisted, the patient being thoroughly etherized. The head of the bone was in the ischiatic notch: taking the foot in his

hand, Dr. P. bent the leg on the thigh, and the thigh on the abdomen, and, with slight outward rotation of the foot, drew the limb downwards, with immediate reduction of the displaced bone. The dislocation was caused by the fall of some bags of coffee upon the patient, who was aiding in raising them from a vessel's hold.

*Cotyledon Umbilicus in Epilepsy.*—This agent has gained some reputation in the treatment of that obstinate malady, epilesy. Dr. Abbot submitted the following to the above society:

He had administered it in the dose of five grains of the extract, night and morning, for eight months, with entire cessation of the fits during that period. The patient was a gentleman, upwards of fifty years old, who had been subject to the disorder for five or six year; the epileptic fits occuring, at the time the use of the remedy was commenced, as often as once in two or three weeks, with one or more attacks of epileptic vertigo daily. The vertigo, under the use of the remedy, diminished in severity, but not in frequency. At the end of eight months, the patient began to totter very much in his gait, with frequent "dropping turns," as if from his legs "giving way" under him with only partial loss of consciousness. No convulsion, but a slight general tremor, with some rigidity of the limbs. A feeble, unexcited pulse, and no flush or heat of countenance. At this time, the use of the cotyledon umbilicus was discontinued, and a small quantity of phosphoretted oil was given, which was followed on the third day by a bad epileptic fit, and its use was consequently abandoned. Since that time, the epileptic attacks have occurred at intervals of three or four weeks, and the other morbid phenomena are of daily occurrence Under these the powers of life appear to be gradually failing.

Dr. H. O. Stone referred to two cases in which the cotyledon umbilicus had been used with good effect. In one case there was an interval of one hundred days between the fits, after using the medicine a short time.—*Ibid.*

*Diagnostic Sign in Tubercular Meningitis.*—Dr. Parkman's attention had been called by Dr. Slade to what purports to be a diagnostic sign of tubercular meningitis; it was first announced by M. Trousseau, and consists in the appearance of a remarkable *red line*, remaining upon the skin of the forehead, or of the abdomen, after drawing the finger across it.

A female patient of Dr Parkman's, at the hospital, who had tubercular disease of the clavicle, was when about to undergo an operation, seized with fatal illness, which Dr. P. diagnosticated as tubercular meningitis. In this case, Dr. Slade pointed out the peculiar red line spoken of above.—*Ibid.*

*Parthenium Integrifolium.*—Dr. Mason Houlton has lately employed the parthenium integrifolium, prairie dock, with perfect success in intermitting fever. The parthenium grows abundantly in the open prairies of the western and south western states. The flowering tops are the parts employed; they are intensely bitter, having somewhat a quinine flavor. Dr. H. has employed the infusion and finds that two ounces of the parthenium thus employed are equivalent, in therapeutic effects, to twenty grains of the disulphate of quinine. The new remedy bids fair to form a valuable accession to our indigenous materia medica; but numerous and careful experiments must be made before its value can be regarded as ascertained. Many vegetable bitters possess considerable power in the treatment of intermitting fever, but the immense superiority of quinine seems to be connected with the influence it exercises on the nervous system, rather than with its bitterness.—*N. Y. Jour. Phar.*

*Liniment of Hydriodate of Ammonia.*—The following formula, which was furnished by Mr. George D. Coggeshall, has been extensively used as a quack remedy. It forms a nearly colorless liniment, containing an excess of Ammonia, is slightly stimulating, and exerts the specific effect of the iodine compounds.

| | | |
|---|---|---|
| ℞ | Iodine | gr. xv. |
| | Alcohol | ℥vij. |

Dissolve and add—

| | |
|---|---|
| Oil of Rosemary, | |
| Oil of Lavender, of each | ʒi. |
| Camphor | ʒij. |
| Water of Ammonia | ℥i. |

Mix.

Half an ounce of tincture of iodine might be conveniently substituted for the iodine in substance, dimninishing the quantity of alcohol to 6½ ounces.—*Ibid.*

## FRANCE.

*On the Dangerous Regions of the Scalp.* By M. Chassaignac.—In the course of a paper giving an account of a new mode of removing subcutaneous tumors, by means of a slip-knot, M. Chassaignac indicates a region or zone of the scalp especially liable to the occurrence of erysipelas, or angioleucitis, after wounds or operations even of most trivial character. It extends over the band of integument which unites the posterior and anterior fontanelles, along the median line, and is about two fingers in breadth. It is pre-eminently the dangerous region of the scalp; and, accoding to M. Chassaignac's observation, though upon this point more evidence is required, the trumatic injury of the posterior part of this track is most liable to be followed by angioleucitis, and of the anterior by erysipelas. In explanation of this aptitude of the region, it is to be observed, that the lymphatic net-work of the scalp is not equally distributed; and the *subepidermic* portion, which is to be distinguished from the intracutaneous and subcutaneous, is especially concentrated along the zone indicated, Thus, of 40 punctures for the purpose of mercurial injection made in any other part than this zone, only one or two were successful; while of 20 made along it, 15 or 16 succeeded. For this reason, M. Chassaignac always prefers this track to the temples, in the endermic employment of strychnine, or other substances.—*Bull. de Therap.* tom. xlii. p. 400.

*On the Adminstration of Sal Ammoniac in enlarged prostate.*—M. Fischer, of Dresden, has long been in the habit of administering this medicine, in large doses, in chronic enlargement of the prostate; and since he published an account of his success with it in 1831, various other German practitioners have supplied corroborative testimony. Seeing that surgical treatment is so often inefficient, this means would seem to supply a valuable resource, and this especially as it may de employed in conjunction with other remedies. In the present paper, M. Vanoye relates two cases in addition, in which the success obtained seems quite to justify former encomiums. In both, the gland became progressively and greatly diminished in size. Large doses, are, however, required. We may commence with fifteen grains every two hours, and go on to double or treble this quantity, so that nearly half an ounce is taken *per diem*. When the dose given is too great, we are admonished by disorder of the digestive organs, a miliary eruption, profuse sweats, and espicially by

scorbutic symptoms. These ill-effects may be prevented or diminished by the employment of mucilaginous vehicles, bitter extracts of aromatics, and a good animal diet. Persons suffering from hemorrhage disposition, or affections due to poverty of blood, should not be subjected to his treatment.—*Bulletin de Therapeutique*, tom. xlii. p. 521.

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## ENGLAND.

*Affections of the Nervous System.—Chorea.*—The indications in this disease are to improve the state of the blood, amend general nutrition, calm the nervous system, and infuse tone into the muscular. If any irritations exists it must be removed. The most frequent source perhaps is from ascarides in the rectum, and these may be removed by an injection of a strong solution of salt in water, or an infusion of quassia into the rectum. The disease very frequently yields to attention to diet, and the cold affusion employed two or three times a day. Of the tonics, those of the metallic kind are the best, especially iron and zinc, or quinine may be employed, or some form of bark. Sometimes the muscles become slightly paralyzed; the best remedy for this, is the careful employment of galvanism; a gentle and slowly interrupted current may be transmitted through the paralyzed part from a quarter of an hour to twenty minutes at a time. Friction with a rough towel or a flesh brush may be also employed. (Dr. R. B. Todd, p. 35.)

Dr. Merei regards the ammonia-sulphate of copper as a sovereign remedy in chorea. Out of 177 cases treated at Pesth, 170 had been restored by this drug to perfect health in an average time of 22 days. The prescription he employs is the following:—Aq. menth. pip., ℥iv.; ammonio-sulph. cupri, gr. viii.; tinct. opii. gtt. viii.—xii.; syr. simplicis, ℥ss. A tea-spoonful may be commenced with, four or six times a day, gradually increasing the dose. A child from nine to fourteen years old might take a table-spoonful four or five times a day. If sickness is produced, cease for a day, then recommence in smaller doses. If chlorosis or anæmia is conjoined with the disease, then add some preparation of iron. (Dr. Merei, p, 38.)

The inhalation of chloroform in the ordinary manner on a pocket handkerchief in a case of chorea, under Sir Henry Marsh, was followed by the most marked relief in the symptoms. (Dr. Banks, p. 34.)

*Epilepsy.*—Dr. E. Watson having studied Dr. Marshall Hall's theory of the relation of laryngismus to epileptic convulsions, adopted the following treatment. The patient was a young lady, who for several years had been afflicted with epilepsy. Dr. Watson applied a solution of nitrate of silver (℥j to the ʒj) to the glottis, daily, for a fortnight, and afterwards for some weeks with longer intervals between the applications. There can be no doubt but that the treatment gave marked relief, both in the frequency and intensity of the paroxysms. (Dr. E. Watson, p. 42.)

*Headache.*—Give doses of half a grain to one grain, three times a day, of the sulphate of nickel. This remedy seems to have been a very valuable one in the hands of Dr. Simpson, of Edinburgh. It seems to be of use in those cases in which iron has been employed, especially in chlorosis and amennorrhœa.—(*Monthly Jour. of Med. Science, Aug.* 1852, p. 135.)

*Neuralgia, Facial.*—Apply the following pomade over the affected nerve, renewing the application according to circumstances—Pure chloroform 4 drachms: cyanide of potassium, 3½ drachms; axunge 3 ounces; wax sufficient to give consistence. If the neuralgia is in the scalp, a piece of the ointment the size of a pigeon's egg is to be rubbed over the part, and the head is then to be covered with an oil-skin cap. (M. Cazenave, p. 43.)—*Braithwait's Retrospect.*

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## GERMANY.

*On the Medical Uses of Urate of Ammonia.*—Five years' observation has convinced Dr. Bauer that this is a most valuable medicine in chronic cutaneous diseases and in tubercular diseases of the lung. An ointment containing one scruple to to the ounce, is applied by a pencil to the eruption night and morning, the cure being effected in from one to three weeks. In tubercular disease the ointment is rubbed in alternately night and morning on the back and front of the chest. No inflammatory complication should be present during its employment,

In reference to this substance it is interesting to observe, that in Columbia, South America, where lepra prevails so extensively, the benefit derived from the external and internal use of *guano* has been placed beyond all doubt; and Dr. Lallemand has found it of great utility in the treatment of morphæ in the Brazil. The urate of ammonia, which is found in this substance in great abundance, is probably the chief medicinal agent.—*Buchner's report—Medico-Chi. Rev.*

# Miscellaneous.

*New Arrangement.*—We have the pleasure of announcing to the patrons of the *Western Lancet*, that Dr. Thomas Wood, of this city, has taken an interest in it, and will hereafter become one of the editors. By this arrangement a much larger and more efficient amount of attention will be given to the Lancet, in all of its departments, and no doubt with the effect of rendering it more interesting and valuable. The time of the present editor is so fully and constantly occupied that he finds it impossible to do full justice to the editorial and publishing departments; but it is hoped that the conjoint labours of two editors, will be sufficient to remedy the existing deficiencies, and to place the editorial and publishing departments on the very best basis.

Dr. Wood has heretofore directed his attention especially to anatomy and surgery, and he will be able to give an interest to the surgical department of the *Lancet* which it has not hitherto received. The advantages of a *medical* and *surgical* editor will be apparent to every one; and we confidently expect to make our journal a fair exponent as its name indicates, of "Practical Medicine and Surgery," Dr. Wood is a gentleman of ability and reputation, and as such we introduce him to the patrons of the *Western Lancet.*

*Medical Teaching in Cincinnati during the Summer Months.*—By reference to advertisements in the preceding and present number of the *Lancet*, it will be seen that several institutions propose to give lectures during the ensuing spring and a portion of the summer months.

*The Cincinnati College of Medicine and Surgery* proposes to give a full course of instruction, commencing on the first Monday in March, and continuing four months; at the end of which time a public commencement will be held, and degrees conferred. The fees are $90. A regular collegiate spring and summer term is something new in this region; and therefore must be regarded as an experiment. It is true foreign medical schools, and many of those located in the northern portion of the United States, hold spring and summer terms; but, hitherto such a course has not been attempted in the Western country, with two exceptions, namely, the Transylvania University and the Cincinnati College of Medicine

and Surgery; the latter of which held a spring term last year, and the former has adopted the same course for the past two years.

*The Miami Medical College* proposes likewise to hold a spring and summer term, but without conferring degrees. The announcement states that the charge for the course will be *twenty dollars*, "and the fee paid will be received in part payment for the regular course." If we rightly comprehend this proposition, it is very nearly a *free gratis for nothing* system. Surely a course of lectures of sixteen weeks duration is worth the pittance of *twenty dollars*, if it is worth anything; and we contend that, in medicine at least, the "laborer is worthy of his hire." We regret to see our friends of the Miami school setting such a bad example.

*The Cincinnati Summer School of Medicine*, is a new organization, instituted for the purpose of delivering lectures during the interval between the regular courses. It is proposed to begin on the third Monday in March, and continue sixteen weeks. Fees to the course, $20.

It will be seen from the above arrangements that those students who desire to attend lectures in Cincinnati during the spring and summer months, will not fail of finding the means of gratifying their wishes.

The *Dayton Medical Institute* commences its exercises on the second Tuesday of April, and continues twelve weeks. Terms for a full course, $15. This institution is designed as a preparatory school, (similar to the Cincinnati Summer School of Medicine,) in which pupils are instructed by means of lectures, conversational exercises, and anatomical illustration. The progress made by those who have heretofore attended this institution, speak well for the careful and thorough course of instruction given.

In regard to summer schools, we feel free to reiterate an opinion often heretofore expressed—that they afford pupils the best means of prosecuting their studies during the intervals between the sessions of the regular colleges. It is a subject of surprise, therefore, that pupils are not more ready to avail themselves of these facilities, and more especially, as the price of tuition is so low as to remove all objection in that respect. We hope students will reflect on these matters and give them due attention.

*Presidency of the American Medical Association.*—"We beg leave, respectfully, (like the political papers,) to nominate for the Presidency of the American Medical Association, for the next year, Professor Valentine Mott, M. D., of New York. We think it justly due to this great surgeon, that he be the *next* President of the Association."—*Phil. Med. and Surg. Jour.*

[This nomination may possibly find more responses out of New York than in it, because of the recent renewal of his associations with a school too odoriferous of Quackery. If the nomination is conceded to New York, Dr. John W. Francis will be very likely to have the precedence for this high post of distinction. But as the brethren in Baltimore, when the Convention met there, waived their claim in our favor, by electing Dr. Alexander H. Stevens; a reciprocity of their courtesy would point to Professor Nathan R. Smith as the next President of the National Association. As however, New York has been represented as well as Boston, by an eminent *surgeon*, a correspondent suggests in the event that Dr. Smith persists in his declination, that Professor William Gibson, the veteran surgeon of Philadelphia should be put in nomination. Speculation on the subject is premature, and we only present the gossip which is abroad.] *N. Y. Med. Gaz.*

*Death from the bite of a Cobra.*—One of the keepers at the Zoological Gardens, London, was recently bitten in the face by a cobra di capella. Six small wounds were inflicted by the snake's teeth on the keeper's nose, and in *one hour and a half* the man was dead!

The following phenomena were noted:

For twenty minutes no marked result except the patient's agitation; after that time the patient began to stagger in walking, and could not speak distinctly; convulsive movements of the mouth and limbs were observed. He made no special complaint of pain or uneasy sensation. In 45 minutes he was taken to University College Hospital, at which time he was unable to speak, and nearly or quite unconscious. At that time the face was slightly livid, eyes fixed, pupils rather large, and acting sluggishly; skin natural temperature and moist; pulse 120, unequal in force, but most of the beats tolerably full and strong; respiration 20 to the minute. The *lividity* of the face rapidly increased, and a free perspiration followed. He seemed dying from failure of the respiratory function. At 10 minutes before nine, natural respiration

ceased, still the pulse continued at the rate of 32 to the minute. Artificial respiration was immediately resorted to, and the pulse soon rose to 70 per minute, and a galvanic current was passed from the back of the neck to the abdomen. No relief, however, was afforded.

*A New Styptic.*—M. Pagliari, a pharmacian at Rome, professes to have discovered a new and extraordinary styptic. M. Sedillot endorses its virtues. The *Bull. de Ther.* gives the following account of its composition, which has been revealed by its discoverer:

M. Pagliari has now revealed the composition, which is as follows: Eight ounces of tincture of benzoin, one pound of alum, and ten pounds of water are boiled together for six hours in a glazed earthen vessel, the vaporized water being constantly replaced by hot water, so as not to interrupt the ebulition, and the resinous mass kept stirred round. The fluid is then filtered, and kept in stoppered bottles. It is limpid, slightly styptic in taste, aromatic in odor, and the color of campaigne. M. Hepp, of Strasburg, has substituted white resin for the benzoin. Every drop of this fluid poured into a glass containing human blood produces an instantaneous magma; and by increasing the proportion of the styptic to the quantity of the blood, a dense, homogeneous, blackish mass results.

*Hydrophobia.*—"The American journals relate a case of cure of hydrophobia in a man, by means of inocculation with the poison of a serpent, called the lance-headed snake. The means of inocculation were the bite of the snake. The *Union Mèdicale*, justly remarks, that this observation, badly put together, wants entirely those accurate and scientific details which alone can justify the just spirit of criticism. We take this opportunity of corroborating the opinion of our French contemporary; and add, that it is much to be lamented, how in America the spirit of quackery is rampant. Marvellous tales of credulity find more favor, in many districts, than the results of sober inquiry; and it is currently believed that the same snake affords the antidote to the poison of its own bite."—*Medical Times and Gazette* (*London*) Dec. 18th, 1852.

The above marvellous "snake story" is *news* to us; and we wish to inquire of our cotemporaries, whether any such case has been published. The language would imply that *medical* journals had promulgated the statement; and the re-

mark that there is a current belief in the snake affording the antidote to its own poison, seems also pointed at the *medical profession*. Who can enlighten us?

*Dr. Drakes Second Volume.*—The second Volume of Dr. Drakes "Treatise on the Principal Diseases of the Interior Valley of North America," was incomplete at the time of his death. The profession will be gratified to learn, however, that he left manuscript sufficient to complete from 450 to 475 pages, all in a state of tolerable completeness. It is now in the hands of his son, Mr. Chas. D. Drake, of St. Louis, for the purpose of a literary revision, and it will be printed as early as practicable.

*New York Medical Gazette.*—The January number of this popular journal comes to us much improved, having assumed a more comely shape, and with better typography and paper. It is a very sprightly periodical, and wish Dr. Reese abundant success.

*The Southern Journal of the Medical and Physical Sciences.*—This is the title of a new monthly published in Nashville, Tenn. It is under the editorial management of Drs. John W. King, Wm. P. Jones, R. O. Currey, and B. Woods. The journal has a department devoted to Dentistry. The number before us is well printed and filled with interesting matter.

[The following paragraphs are extracted from the Proceedings of the 29th Annual Meeting of the German Association of Naturalists and Physicians, held at Weisbaden, Oct., 1852. We copy from the *Canada Medical Journal.*]

*Laryngotomy and Tracheotomy.*—Dr. Johardt, Weisbaden—mentioned a case where Laryngotomy, had been performed for Œdema of the Glottis, after Typhus. The patient was exhibited and although the Œdema, had not entirely disappeared, yet did he seem perfectly at ease, breathing freely, and speaking when the tube was closed.

Dr. Brown, Weisbaden—spoke of Tracheotomy, and exhibited a patient on whom this operation had been performed. When the tube was partly closed, he spoke more clearly and distinctly than the preceeding. The relative value of these operations was disscussed. The majority seemed inclined to think, that when practicable, *tracheotomy*, should be chosen in preference, and that those cases requiring laryngotomy, were not of frequent occurrence. Then as to the value of these operations in *croup*. Although many present

mentioned cases in which tracheotomy had apparently been the means of saving the lives of the patients, yet were the majority inclined to think that the cases of *real croup*, benefitted by operations were rare indeed.

Professor Sedillot,—very warmly opposed recourse to these operations, except in cases of extreme urgency, such as the presence of a foreign body. Opinions to the same effect, were expressed by professors Baum, of Gottingen, Naumann, of Bonn, &c.

*Hemostatic Liquor of Pagliari.*—Professor Heyfelder, of Erlangen, and Sedillot, of Stratsburg—Dwelt at considerable length on the Hemostatic Liquor of Pagliari. The latter gentleman said, that he had performed several experiments to prove the efficacy of this remedy. In every case he had every reason to be pleased. It seems to diffuse itself in an inconceivably short space of time, over the whole system, and its action was soon manifest. They then spoke of its local action. Professor Chelius, and others thought it an important addition to surgery. I asked Professor Heyfelder, its composition. He gave me the name of the ingredients, but not the proportions. ℞. Alumina, Sulph? Res. Benzoin? Coque et Cola. I was refered to a periodical, which I was told contained the prescription; but have not yet found it.

*Placenta Prævia.*—Dr. Shneeman read a paper on the treatment of *Placenta Prævia* and assured the society that after many years experience, and having given the subject his most serious attention, and having also agitated it in public, he had come to the conclusion that turning should be accomplished as soon as possible. Prof. Hohl agreed with him—Prof. Martin said that, although an advocate of this method, he would strongly advise them *not* to loose sight of the *cold water douche*, to arrest the hemorrhage until the time for turning has arrived.

*Chalybeate Baths in Abortion.*—Dr. Boschan, of Franzcusbad, spoke of the employment of Chalybeate baths, where there existed a predisposition to miscarriage or abortion, and stated that in such cases he had found them particularly serviceable.

*Phrenology.*—Dr. Vogler then delivered a discourse in which he pronounced a very decided opinion against the claims of *phrenology* in its *present* form to be regarded as a science, and enlarged upon its pernicious consequences in a moral point

of view. After a lengthened discussion, in which many of the members took part, the opinion was expressed almost unanimously—that modern phrenology was void of any anatomical or physiological basis, and the division and allocation of the several mental faculties so glibly accomplished by the phrenologist was totally unwarranted and unpsychological.

*A Savan Starving.*—The distinguished botanist, Nees Von Esenbach, having lost his professorship at Munich, on account of political proscriptions, is said to be literally starving in a miserable hovel at Breslau. His library has been sold to pay his debts, and his only remaining property is a splendid herbarium, which he has in vain endeavored to dispose of. A grey haired *savan*, of 69 years, in a state of *starvation*? Alas for human gratitude. England is called on for aid, and would not the United States assist in rescuing the great botanist from starvation ?.

*Inquest on Homœopathic victims.*—Quite a number of inquests have recently been held in London, on the bodies of persons who died under homœopathic treatment. In one case the jury returned a verdict of manslaughter. In another example, the coroner was induced to hold an inquest, from the following certificate of death. "Margaret Sedgwick died from inflammation of the lungs, peritoneum and the liver, and her death resulted from, I believe, the neglect of the homœopathic attendant, and the general nullity of treatment. The jury returned the following verdict. "Deceased died from inflammation of the lungs, but we are not competent to judge of the medicinal treatment."

*University of Berlin.*—It is rumored that the authorities of the university of Berlin contemplate establishing a chair of homœopathy! Can it be that this ancient and renowned institution is thus to be disgraced by the infatuated governors? Surely the professors would all resign if such a disgraceful event should occur.

*Hotel-Dieu.*—It is intimated that this ancient hospital is to be demolished, and the patients to be transferred to a new and capacious edifice now being constructed on the north side of the city.

*Abolition of the Concours.*—Napoleon III, has abolished the French *concours*, and will hereafter appoint the professors and hospital physicians himself.

*Test of complete Anæsthesia.*—Dr. James Ballow, of Virginia, mentions in the *Stethoscope*, that his test in the administration of anæsthetics is the condition of the patient's eyelid. So long as the eyelids manifest the least *twitching*, anæsthesia is not oomplete. The following he regards as evidence of full anæsthesia. *The upper eyelid, when raised, will remain open or merely droop; the cornea will present directly forward; the pupil will be contracted and motionless.*

*The Orthoscope.*—A new instrument, with the above title, has been invented, by which the formation of the eye can be more accurately observed.

*Medical Newspaper.*—Dr. C. D. Griswold, of New York, has issued a medical paper for the dissemination of correct knowledge among the people. It sholud be extensively circulated.

*Dr. Beach!*—This long-forgotten father of so-called *Eclecticism* has recently turned up in *Boston*, and has planted his banner on Puritan ground. He proposes to instruct male students, until qualified to graduate, for the sum of $100, and *females* for *half price*. This is degrading the sex, and it is to be hoped that the "Women's Rights Conventions" will see to it. Furthermore, Dr. Beach has dispensed with the "useless and dangerous practice of dissections."

*The Seer.*—The "*Poughkeepsie Seer*" (alias A. J. Davis,) has been lecturing to the wonder loving portion of Cincinnatians. He claims that his lectures were composed during the clairvoyant state!

*The Peach Leaf in Diarrhœa.*—Dr. Ramsay, of Georgia, speaks highly in favor of a decoction of the green peach leaf in diarrhœa. It is given by the mouth and rectum; and usually combined with laudanum.

The *Belmont Medical Society* met in St. Clairsville on the first Thursday in January. We shall expect to receive the Proceedings in due time.

*Physician's Visiting List.*—Messrs. Lindsay and Blakiston, Philadelphia, have published, for 1853, this valuable memorandum book. It should be in the possession of every physician.

The New York Medical College has established a Profes

sorship of Medical Jurisprudence. Joel Parker, L. L. D., is the incumbent.

Professor Lee has translated Orfilla's Monograph on *Nicotine.*

Professor Valentine Mott has received the degree of Honorary Fellow of the Kings and Queen's College of Physicians in Ireland.

*Physicians in Australia.*—There is a demand, both in the American and English ports, for surgeons to ships conveying passengers.

*Baron Humboldt.*—This renowned Savan has reached his 83d year. He enjoys excellent health, and is actively engaged daily on the fourth volume of his "Cosmos."

PERIODICALS.

*Ranking's Half-Yearly Abstract of the Medical Sciences.* No. 16, July to December, 1852. Lindsay & Blakiston, Philadelphia.

*Braithwaite's Retrospect of Practical Medicine and Surgery.* Part 26, January, 1853. Stringer & Townsend, New York.

We have received the above popular medical periodicals, which exhibit the usual amount of interesting matter.

*Death of Dr. E. K. Chamberlin.*—It is with profound sorrow that we announce the death of Dr. Chamberlin, late of this city. He had been a resident af Cincinnati for the past ten or twelve years; and, in all the relations of life, social and professional, won the regards of those with whom he associated. Being somewhat indisposed, during the present winter, Dr. C. determined to seek a more genial climate, and started for California some time in December last. We learn from a letter written at Panama, January, 19th, that Dr. C. was much exposed while crossing the Isthmus; and on the 21st of December in apparent good health, he embarked on board a steamship bound to San Francisco. But before leaving the port of Panama, he was attacked with what is called the "Panama Fever," and died on the 25th of December—thus being sick only four days. This fever is a miasmatic disease and it is probable that in this instance it assumed the congestive form. The physician of the ship states that Dr. C. was

conscious of the fatal tendency of the disease from the first, but that he was delerious for thirty hours prior to death.

The following notice of the character and services of Dr. Chamberlin is taken from the *Washington Union.*

Died.—On the Pacific Ocean,(two days' sail from Acapulco,) on he 25th December, Dr. E. Kirby Chamberlin.

This announcement will carry sadness and gloom to the hearts of the numerous friends and admirers of this gentleman. Dr. Chamberlin was surgeon of the first Ohio regement of volunteers in the Mexican war, and at the battle of Monterey performed more active service than any other surgeon in the field. He was appointed by Col. Weller surgeon and physician to the party sent out in 1849 to run the boundary line between the United States and Mexico. After the disbanding of the commission by the removal of Col. Weller, he was elected Senator to the first Legislature of California, from the counties of San Diego and Los Angelos. Shortly afier the Legislature met, he was elected President of the Senate, and continued in this office until his official term expired. He then returned to Cincinnati, Ohio, where he stood among the first of his profession, and resumed his practice. In this he was eminently successful; but as his health was much impaired, he was advised to seek a more mild and genial climate. He concluded to make his home upon the shores of the Pacific, and on the 5th December sailed from New York in charge of the family of his old friend Col. Weller. Immediately after leaving Panama he was striken down by the fever of that country, which in four days closed his career.

The writer of this short notice has seen Dr. C. in all the relations of life—upon the toilsome march, on the field of battle, in the hospital, in the private circle—and he never knew a better man. Warm hearted, generous, and ethusiastic, he had more devoted friends within the circle of his acquaintance than any man we have ever known.

Poor Chamberlin! May we not hope that thy brave and noble spirit has found a happy rest among the just and true of another world! Long, long shalt thou live in the memories of thy late associates.

# Western Lancet.

EDITED BY

L. M. LAWSON, M. D.,

PROFESSOR OF PATHOLOGY AND THE PRACTICE OF MEDICINE IN THE MEDICAL COLLEGE OF OHIO.

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"THE PAST, THE PRESENT, AND THE FUTURE, OF THE MEDICAL PROFESSION IN THE UNITED STATES OF AMERICA," is the title of an introductory lecture, delivered at the opening of the late session of the Kentucky School of Medicine. Its author, Prof. T. D. Mitchell, has in times past, enjoyed many opportunities for observing the condition of the profession, both east and west, and his opinions, therefore, are entitled to respectful consideration.

Dr. Mitchell divides his subject into three eras; the *past* embracing *forty* years prior to 1813; the *present*, *forty years*, extending from 1813 to 1853; with an unlimited *future*. The first period of *forty years* commenced with the first public teaching in 1765 but owing to the interruption occasioned by the American revolution, that period is reduced to forty years. During this period, medical education was conducted under the most disadvantageous circumstances. A want of suitable buildings; scanty and defective apparatus; entire destitution of diagrams, plates and models; and but few books, constitute some of the disadvantages under which the early teachers labored And yet the fruits were not meagre. The labors of Bond, Kuhn, Shippen, Rush, Physic, and

Wistar, produced most valuable results. Nearly *thirty* (the author remarks) of those who graduated prior to 1813, were selected to teach in schools which were from time to time established.

It cannot be concealed that Dr Mitchell concedes the palm of excellence to the *past*; and that its superiority depended on the energy, talents, and devotedness of the teachers, and the qualifications of the pupils who were instructed. The following remraks will define his position:

Belonging, as he does, to the first period of forty years in our professional history, the speaker feels justified in thus speaking out, for what he has ever regarded as the palmy era of American medicine. His partiality for the teachers, and for many of the taught of those days, will, he hopes, be excused, if a foible at all, as one of those commendable frailties of our nature, that is not likely to harm any one, save him who cherishes it.

It is admitted, therefore, that the *present* of medicine is a deterioration, as compared witht he writer's *beau ideal* of perfection as exhibited in the past. The *cause* of this deterioration, mainly, is embraced in the following extract:

The most serious and effective agency in the deterioration of the medical profession, had scarcely a beginning prior to 1813, its pernicious workings having been reserved for the subsequent forty years of our history. We need hardly to announce the character of this deleterious agency, as every one who is conversant with the facts, will readily understand our allusion to be, to the rapid multiplication of the schools, and the consequent laxity in collegiate discipline, and in private teaching.

In relation to the defects of the *present*, the following extract presents a summary of the author's opinions:

"Let us make a flying survey of this portion of thep rofessional field, and spy out, if we can, its leading peculiarities.

These are—

1st. A rabid propensity to multiply medical schools.

2d. Devices of various kinds to decoy pupils; such as tickets at a reduced price, with long credit in place of cash, low priced boarding, accommodation as to attendance of the lectures, and a guarantee of the diploma.

3d. Very general disuse of the ancient practice of training students at their homes, in the offices of perceptors.

4th. Annual conventions for the ostensible purpose of elevating the profession, the chief managers of which, feel it to be quite legitimate, to denounce the schools, for not prolonging their sessions to six months, and for refusing to relinquish the examination of candidates for the doctorate, while it is notorious, that very

many of the complainants are incompetent to conduct such an examination."

Some of the above positions, we are of the opinion, have much force, while others are less probable, if not entirely erroneous. If we were to attempt the enumeration of the principal causes of our present defects, we would submit something like the following:

1st. Defective preliminary education of pupils.

2d. A want of *close* study, and an incomplete mastery of the *elements* of our science.

3d. The too rapid increase of medical schools.

4th A super-abundance of periodicals, and of imported medical books.

In relation to the multiplication of medical schools, periodicals and books, different opinions will doubtless be entertained. Interest may incline individuals to either side of the question; but there are stubborn facts which will out-weigh all specious arguments, however cunningly devised or forcibly portrayed. In the expression of our views on this subject, we claim to speak without reference to any particular institutions, periodicals, or sections of country; but on the contrary, to hold up to view, a broad and general principle, applying to the whole land, and relating to the entire profession.

It will hardly be regarded as a too remote analogy if we compare the *business* of teaching to commercial pursuits. In commerce, a proper and not over-wrought competition, imparts energy to the pursuit, and a desire to supply the *best* article at a *fair price;* but when the trade becomes oppressed with a superabundance, the market value is reduced, which immediately tends to the introduction of an inferior article. And if we are not deceived by the signs of the times, the same rules govern our profession. The multiplication of medical schools, so long as limited to the *wants* of the profession, will unquestionably prove beneficial, not only by furnishing the absolute facilities required, but also by stimulating each other to the highest possible exertion; but the very moment the supply exceeds the demand, or the wants of those seeking instruction, a spirited competition degenerates into a merely individual rivalry, too often sinking into an unscrupulous system of bargaining for patronage. But this is not all The extensive division of patronage leaves a large proportion weakened and crippled to-

such an extent that they cannot perform their functions in the best manner, and therefore but imperfectly discharge the high trust imposed upon them.

Without entering more into detail, we may safely assume, that the rapid multiplication of schools has a direct tendency to increase the number of medical students, many of whom possess no preliminary qualifications for professional studies; to lower the standard of professional qualifications; and by the consequent over-supply of *practitioners* to lead to a *cheapening* competition, and degrading rivalry for business.

But what shall we say in reference to *medical journals?* Periodicals have of late years increased very rapidly in the United States, and it is a question whether they promote or impede the progress of the science. In a large proportion of examples, medical journals are established in connection with schools, and without any reference to the actual *wants* of the profession. It may be supposed that the mere multiplication of journals can do no injury, but may promote the interests of science by diffusing abroad medical knowledge. It must be remembered, however, that the *quality* of the published matter is more important than the *quantity;* and in proportion as a deterioration occurs from any cause, so will journals fail to accomplish the improvement of the profession. The immediate and unavoidable effect of the rapid increase of journals, is to divide the patronage, limit the resources of publishers and editors, and to destroy the stimulus to labor. We speak from some experience on this subject, and entertain no doubt that our brethren of the press will fully sustain the views expressed. If we had one half the number of journals which now exist, and twice the labor was bestowed on those, it cannot be doubted that the profession would be greatly benefited, and science rapidly advanced.

It will be instructive to compare our own condition with that of England. In the United States, there is one medical journal for every 700,000 inhabitants; while in the United Kingdom there is one to every 1,800,000. The proportion, therefore, is more than twice as great in the United States, and is still increasing. This fact is of itself conclusive. The journals are better sustained in England than here, and consequently are able to do more to advance science.

The preceding remarks have been elicited, at this moment, by Dr. Mitchell's address, and although he has not covered the whole ground, yet his observations are valuable and instructive, and at least in part point to the true cause of our present professional defects. We believe most sincerlely that the rapid and almost reckless multiplication of schools and journals, with all their secondary evils, are the most potent agencies in diffusing abroad a superficial and even a false science. The profession has become *diluted* to such an extent, that (unless we acknowledge the Homœopathic law of high *potencies*), the whole is materially weakened, and in its more extreme limits, where the connections are weakest, gradually merges into the innumerable clans of empirics which infest our land.

We say again that our remarks are altogether *general;* we have not in our mind any single person, institution or journal; but the views here expressed are considered applicable to every inch of our country, from east to west, and from north to south.

At some future period we shall refer to the subject of importing and re-publishing *foreign books.* L.

# Original Lectures, Essays & Communications.

## LECTURE

### *On Hooping-Cough.* By L. M. LAWSON, M. D.—Treatment Continued.

*Treatment of the second stage.*—The remedies adapted to the second or *nervous* stage are found chiefly among the expectorants, sedatives, and antispasmodics; to which may be added certain real or supposed *specifics.* The pathological conditions to be overcome, are, the remaining mucous irritation, and nervous excitement,—the former being evinced by the copious and glairy mucous secretion, and the latter by the spasmodic cough.

*Expectorants.*—Many different expectorants and sedatives have been employed, according to the fancy of different practitioners; it is obvious, however, that we cannot rely on any single article, or even class, but the agent must be selected ac-

cording to the peculiarities of the case. If there be much excitement remaining, the nauseating and even antimonial expectorants are preferable, but should debility be the most marked condition, then the more stimulating articles are preferable. An occasional emetic produces decidedly benificial effects, by dislodging and promoting the secretions, as well as allaying nervous irritation; and during the interval, expectorants compounded of ipecacuanha, tartar-emetic, lobelia, squills, etc., should be employed. In a case of moderate excitement, I know of no combination capable of doing more good than the following:

℞. Syr. Ipecac, ℥ss.
Tinct. Lobelia,
Vin. Antim.,
Tinct. Belladon. aa ʒij.
Syr. Simp., ʒij.

M. Dose a tea-spoonful for a child five or six years old, repeated every three or four hours. The relative proportion of these articles may be changed to suit different cases; and if gastro-intestinal irritation exists, it will be proper to omit the antimony altogether.

The lobelia is one of the most valuable agents that the practitioner can command. It not only acts powerfully as an *expectorant*, but it also possesses valuable antispasmodic virtues. These two properties combined in the same article, afford a combination belonging, in an equal degree, to no other agent of the materia medica, and the practitioner should not fail to profit by its use. The lobelia is more active, and therefore more efficacious in obstinate cases, than the ipecacuanha, while it does not irritate the bowels, thus giving it the preference over tartar emetic; and when we add to this its decided antispasmodic property, we are furnished with an expectorant altogether unequalled in the treatment of hooping-cough. But notwithstanding this superiority, it should not be given alone; for in that form it is apt to produce too much nausea and muscular prostration. It is best combined with the agents already named.

Many other expectorants have been employed, the chief being the squills, polygala senega, ammoniacum; these articles, variously combined, become useful in particular cases, especially when there is marked debility; but in consequence of their stimulating properties, their use is interdicted when much excitement is present. The warm bath, as advised in

the treatment of the first stage, will be found quite beneficial in the second stage. M. Blache expresses great confidence in warm baths during the nervous period. M. Guersent advises that they be resorted to twice a day, if necessary, of moderate temperature; and M. Blache declares that he has seen children remain in them two hours, with pleasure and without fatigue. When the cough was incessant before the bath, it was entirely arrested during immersion. In order to avoid congestion of the brain, he ordered the face and forehead to be sponged with cold water. I strongly commend warm bathing to your favorable consideration, as a valuable means of lessening the cough, and general excitement, and thereby promoting sleep.

*Narcotics and Sedatives.*—A variety of narcotics and sedatives have been employed by different practitioners, the most important being the belladonna, hyoscyamus, conium, opium, stramonium, camphor, extract of nicotiana, and hydrocyanic acid; in addition to which may be mentioned the extract of lactuca virosa, digitalis, laurel water, etc.

The choice between these will depend somewhat on circumstances, but some are assuredly more generally efficacious than others. The preparations of opium, as a general rule, do not deserve that confidence which might have been anticipated. It is true, some practitioners have used opium with marked benefit. De Hean gave it in combination with camphor and musk; Hufeland gave the pulv. Doveri; and by others combined with nitric ether, cinchona, and similar preparations. The watery extract was given by Willan, and Brera employed it as an external application. Lombard recommends the syrup of white poppy, which has been extensively employed throughout France. Morphia has been used endermically, the cuticle having been removed by vesication. Meyers' method was to remove the cuticle from the præcordial region, and apply half a grain of morphia mixed with starch, night and morning. Dr. Copland thinks that the elixir paregoric, combined with an alkali, is preferable to any other preparation of opium. The Dovers powder, however, seems entitled to the highest confidence; the addition of ipecacuanha modifies the effects of opium, and often produces beneficial effects. A portion of Dover's powder, given at night, will often produce comparatively tranquil sleep. When, however, there is a tendency to cerebral disease, opium must be carefully avoided; and under all circumstances, narcotism, so easily induced in some children, must be carefully guarded against. Indeed, opium may

be regarded as a hazardous remedy for young children, and never should be given in any thing approaching full doses. Conium and hyoscyamus have each had their advocates, and doubtless may prove servicable in certain cases.

But of all the narcotics the belladonna has enjoyed the highest reputation. It has been particularly commended by the German physicians (who employed it extensively in many other affections;) and we are not permitted to doubt that when judiciously employed, it is capable of doing much to mitigate the severity of hooping-cough. Hufeland regards it as a specific, given about the fifteenth or eighteenth day; and J. Frank employed it advantageously in an extensive epidemic. The following is a strong expression on this subject by M. Miguel de Neuchans: "In the course of many epidemics that I have observed within fifteen years, I have constantly relieved the cough, in the space of eight days, by the aid of belladonna" (*Dict. de Med.*) If there was not plethora, that physician gave it at the beginning of the disease; and he thinks it necessary to give it in progressively increasing doses, until narcotism begins to manifest itself; then it is diminished until each dose occasions only a slight agitation of three quarters of an hour to an hour in duration. He was of opinion that no medicine acted more promptly or efficaciously. When the root had been collected more than a year, two-thirds of a grain, repeated three times a day, produced no remarkable effect, in children two years old; but the *eighth* of a grain of the *fresh* root produced agitation in a very sensible manner (Dict. de Med.) Laennec also affirms, that belladonna contributes materially to quiet the cough, and abridge the duration of the disease. Dr. Jackson gives similar testimony; he gave it to the extent of sensibly affecting the pupil, and the same opinion has been expressed by Guersent and Blache. According to these authors, it should be given to the extent of producing a sensible effect on the pupil. M. Trousseau affirms that it produced insomnia, and he advises that it be given in connection with opium. M. Blache remarks, that it is better to use the alcoholic extract, or the extract prepared with the juice of the plant, than the powder of the leaves or the root. The dose, he observes, will vary according to the preparation employed, and the stage of the disease, from the eighth to half a grain, morning and evening, and progressively augmented; but he has never found it necessary to go beyond four or five grains in twenty-four hours.

Kahleiss (quoted by *Condie*) employed belladonna in com-

bination with Dover's powder and sulphur, in the following formula:

| | | |
|---|---|---|
| ℞. | Rad. belladonnæ, | gr. v. |
| | Pulv. Ipecac. comp., | gr. x. |
| | Sulph. Præcip., | ʒss. |
| | Sacch. alb., | ℈ij.—M. |

F. ch. No. xx.

One to be given every three hours to a child two years old. Between each dose, he gave the following mixture:

| | | |
|---|---|---|
| ℞. | Aquæ chamomilæ, | ℥ss. |
| | Syrupi simpl. | ʒij. |
| | Acid. hydrocyanic, | m. xij.—M. |

Twelve drops to be given between each dose of the belladonna.

The following are the formulæ used by Trousseau and Pidoux:

| | | |
|---|---|---|
| ℞. | Pulv. belladonnæ, | |
| | Ext. opii aq. aa, | gr. iv. |
| | Ext. valerian. | ʒss.—M. |

Ft. pil. No. xvi. Dose, one to four in twenty-four hours. Or, in the form of syrup, thus:

| | | |
|---|---|---|
| ℞. | Ext. belladonnæ, | gr. iv. |
| | Syr. opii, | |
| | Syr. flor. auraut. aa, | ℥j.—M. |

Dose, one to eight tea-spoonsfuls in twenty-four hours.

M. Guersent remarks that the sedative from which he has derived the most advantage, is a mixture of equal parts of hemlock, belladonna, and oxide of zinc, commencing with a quarter of a grain of each article, three times a day, and augmented until some sensible effect is produced. But he adds, that this sedative, like all others, possesses the inconvenience of diminishing the expectoration.

Belladonna has been employed, also, as an external application, and by inhalation. M. Blache has used it in the form of a cataplasm, prepared by making a strong decoction of the leaves, and adding linseed meal, so as to form a cataplasm, but without much success; and Dr. Piper has made frictions over the epigastric region with a strong pomade, made with the extract. M. Fuster has derived considerable advantage from the inhalation of the vapor from a decoction of the leaves of belladonna.

M. Debreyne relies mainly on the belladonna, and he

thinks its success depends on observing the following rules: The dose must be proportioned according to the number of months representing the child's age, and the quantity to be taken in twelve days (the ordinary time of treatment) is *three-fourths of a grain* multiplied by the number of months. Thus, an infant of six months old will receive 4½ grains in twelve days, 2½ years old, 23 grains, and so on. For children above six, 46½ grains is not exceeded. The medicine should be repeated three times a day. Thus, for a child three years old, the prescription would be: 31 grains of the powdered root, divided in twelve powders, of which one is to be subdivided into twelve parts, and one given daily, in three divided doses. This course of treatment according to Dr. Debreyne, should not be commenced until all inflammatory symptoms have subsided, say at the tenth or fifteenth day; in other words, it belongs to the treatment of the *second stage*.

We cannot doubt from the testimony before us, no less than every day experience, that belladonna is a highly valuable agent in the treatment of hooping-cough, although many physicians have not derived uniform advantage from its use. Dr. Condie remarks, that at times he has found it highly useful, and again it has failed: and Dr. P. Thomson says that it produced its *poisonous* instead of medicinal effects.

But such results may be anticipated from the use of *any* remedy, however appropriate it may be. The success of the belladonna treatment no doubt depends on giving it regularly and with as much freedom as the system will bear; if given in too small, or infrequent portions, the result will either be negative, or what is worse, pernicious. On the other hand, there is no small risk in giving full doses of narcotics, in certain cases, for besides arresting the secretions too greatly, it increases the tendancy to cerebral disease. It will be seen, therefore, that the administration of belladonna and similar agents, requires caution and judgment, and that their indiscriminate use will occasionally produce pernicious results.

In an epidemic at Varsovie in 1781, which resisted all the ordinary remedies, Schlesinger employed successfully the extract of hemlock. He gave it in the following form:

| | | |
|---|---|---|
| ℞, | Ant. Tart., | gr. j. |
| | Aq. distill., | ℥ij. |
| | Ext. Hemlock, | gr. ij. |
| | Syr., | ℥ss. |

A spoonful twice a day.

The stramonium has been praised by some, and doubtless possesses powers serviceable in some cases of this affection. The hydrocyanic acid, as a sedative, has been employed, and its properties would induce the expectation of favorable results; but the activity of the remedy, and the great difficulty of procuring preparations of uniform strength, render it an unsafe medicine for young children; and as we do not know that it produces effects which cannot be secured by other agents, we are justified in rejecting it altogether. It is true many distinguished practitioners have strongly commended the hydrocyanic acid; some believe that it is superior to all other medicines, being capable of not only mitigating the disease, but likewise of curtailing its duration. Dr. Atlee, in the *American Journal of Medical Science*, 1832, details a number of cases, in which a cure was effected by the acid in from four to fourteen days. The following is Dr. Atlee's formula:

℞. Syr. simpl. ℥j.
Acid. Hydrocyanic, gttj.—M.

Dose, a teaspoonful morning and evening; and if no uneasiness, dizziness or sickness, is produced within forty-eight hours, the dose to be repeated, three times a day. This prescription is for a child six months old; one drop being added for each year of the child's age, beyond one year. He has never repeated the dose more than four times a day.—(*Condie, Diseases of Children, &c.*) In relation to this article, M. Blache remarks:

"It produces the most marvelous effects in hooping-cough, if we can credit those who have praised it, and particularly M. Fontanels, who is said to have cured in a few days four children in the same family. M. Guersent has often known it fail."

Dr. Lombard has employed the hydrocyanuret of potass in doses of half a grain to a grain in twenty-four hours, and he alleges with decided advantage. It is evident, however, that the active preparations of the hydrocyanic acid are often dangerous, unless used with great caution. Some prefer the laurel water, as more convenient, safe, and manageable than hydrocyanic acid. In the hands of M. Caron du Villards, it proved quite useful; he gave it in doses of six drops for children, and ʒss for adults. Drs. Krimer and Brofferio highly commended the *inhalation* of laurel water, in the proportion of a drachm for each fumigation.

*Antispasmodics.*—This class of agents has been extensively employed in the spasmodic stage of hooping-cough; and when the disease is one of simple nervous excitement, free of inflammatory action, they are calculated to do much good. The articles principally employed are the assafœtida, musk, valerian, etc. The assafœtida has been much praised by many physicians in the form of lavements and by the mouth. Great difficulty, however, has been experienced in administering it to children, on account of its disagreeable taste and odor; it has been affirmed, by Dr Kopp, that patients will take it with pleasure when administered with equal quantities of mucilage and simple syrup. This statement is not in accordance with my own experience. It may be advantageously combined with some of the narcotics—the tincture of belladonna and lac asafœtida, with syrup, make an excellent mixture.

On account of the difficulty of administering this article by the mouth, it has been employed (and with advantage), by enema. The *lac assafœtida* may be employed in this mode, and often with marked advantage.

The musk, however, possesses superior virtues as an antispasmodic in this stage of the disease. In patients of a nervous temperament it will be found to do much good in mitigating the spasmodic cough. It has been highly extolled by Home, Stoll, Hufeland, J. Frank, with many others; and in our own country, Dr. Dewees has used it beneficially, and also, the artificial musk, as a substitute. More recently the musk has been highly praised by Sir G. Lefevre, who remarks, that after all excitement ceased (say after the third week), it seemed to act as a specific in arresting the nervous cough.

*Topical Applications.*—Rubefacients, vesicants, pustulants, and dry cupping have been employed in hooping-cough. As a general remark, these external applications are not very important in the simple forms of the disease; but when inflammatory complications occur, and in chronic cases, they become not only useful, but often indispensable. Dry cupping is highly extolled by some practitioners, and it offers, in some examples, a valuable means of counter-excitement. Pustulation, however, is more permanent and efficient in its action, and is especially deserving of consideration. Autenreith long ago recommended this mode of counter-imitation, with tartar-emetic ointment applied over the epigastric region. He directs that it be applied until small *ulcers* appear; and he affirms that more pustulation is not sufficient. The duration

of the disease under this treatment, according to M. Autenreith, was only twelve days. If the ulcers become painful, he directed a decoction of the leaves of hemlock. It is affirmed that M. Autenreith found this application infallible in two epidemics, no *internal* remedy being employed; and it is declared that the duration of the disease was reduced to as many days as it had previously occupied weeks. The ointment contained half a drachm of tartar emetic to an ounce of lard. In an epidemic of hooping-cough and measles, in 1830, M. Loruth employed the tartar emetic ointment with the greatest advantage.

It was applied at the base of the thorax, sufficient to produce a strong eruption of pustules. He employed this agent in 38 cases, the youngest being less than a year, and the oldest four years of age. Of the 38 cases, 4 died of grave complications, and 35 recovered by means of the frictions, with emetics and simple adjuvants. The duration of the treatment was twelve days, the pomade having been discontinued, and the disease considered cured, when it changed to a simple catarrhal cough. For very young infants, he employed a drachm or a drachm and a half of tartar emetic to the ounce of lard; past the age of six, the proportion of the salt was from two to two and a half drachms. Of this ointment half an ounce was consumed in four or five days, applying it three times in twenty-four hours. Corsin derived great benefit from the external application of tartar emetic; but he preferred the form of plaster, thus:

| | | |
|---|---|---|
| ℞. | Empl. conii, | 2 pts. |
| | Empl. picis abietinæ, | 1 pt. |
| | Dyacalon, | 1 pt. |

Spread on leather and sprinkle the surface with from 6 to 12 grains of the tartar emetic.

The plaster is to be worn on the epigastrium or between the shoulders, as long as the patient can bear it (Condie). Macintosh and Dewees also speak in the highest terms of the external use of the tartar emetic. The latter thinks he derived more benefit from it than any other cutaneous application; he combined with the ointment fifteen drops of the oil of lavender or essence of lemon, and applied it between the shoulders.

We are admonished, however, by the more extended experience of the profession, that these happy results are not always to be attained by the use of this remedy. A majority of the German, French, English and American physicians have

found that it not only often fails to control the disease, but by its excessive irritation frequently produces serious consequences. Dr. Condie remarks, that he has been unable to persist in its use, in consequence of the severe pain and deep ulceration produced. And others have met with the most serious consequences, and even death, following the application of tartar emetic. A case occured to M. Guersent, in a child six years old, in which extensive ulceration and suppuration followed the application of the ointment; the costal cartilages became denuded and detached, and the patient finally died.

Finally, we are not permitted to doubt that the decided counter-irritation produced by tartar emetic is capable of relieving the internal excitement existing in hooping-cough, and that it may materially shorten its duration; but the excessive irritation and ulceration liable to occur, even to a fatal extent, admonish us to use it with great caution. My own experience induces me to give a decided preference to the croton oil as a pustulant in this disease. It is far more mild and manageable than tartar emetic, and equally efficacious. In many cases, however, the milder rubefacients, such as were mentioned while treating of bronchitis, will prove sufficiently active, while they do not cause any ill consequences. Dr. Robert Little, of Belfast, recommended the use of turpentine as a rubefacient; and M. Blache affirms that he derived considerable advantage from it. He impregnated a piece of flannel with the turpentine, which was applied to the chest for twenty-four hours. It sometimes produced merely rubefaction, but at other times a species of *herpes phlyctenodes*. He thought it diminished the intensity of the cough and the frequency of the pulse. The unpleasant odor exhaled by the turpentine is a strong objection to its employment; but that inconvenience may be removed by covering the part with oiled silk. The Burgundy pitch plaster has, also, been advantageously used; it may be applied between the shoulders, or on the front of the throat. Many physicians prefer *blisters*. I am of opinion, however, that they are better adapted to those cases in which secondary inflammations occur, especially pneumonia, than in the uncomplicated disease. They are too transient for simple cases, and if frequently repeated, become too irritating for children. Infants are highly sensitive to the effects of blisters, and they should be used with care and discrimination.

[TO BE CONTINUED.]

*Backward Dislocation of the Astragalus.* By ALDEN MARCH, M. D., Professor of Surgery in the Albany Medical College, N. Y.

Isaac Quackenbush, of Herkimer, N. Y., aged about forty years, on the 24th of January, 1853, while engaged in removing snow from the roof of his house, and elevated upon a ladder about ten feet whose base rested on the head of a hogshead, was suddenly precipitated to the ground; and in his descent it was supposed his left foot struck with great force on the edge of the stoop, or step about eighteen inches from the ground.

The first impression after the fall that Mr. Q. experienced, was that he had broken his leg.

The fore part of the leg pointed a little downwards, having an unnatural fullness of the space below the internal malleolar process, and not only a fullness, but even a projection between the *tendo achilles* and the back part of the tibia, so much so, as to cause the tendon to be prominent and tense. The knee joint was sub-flexed, and the patient experienced more or less of a *numb pain* in the affected part, and running up the limb; and at times he complained of a burning heat in the bottom of the foot, and at other times as though it were in a freezing mixture; and for most of two days it gave him great pain to extend the limb. The great toe was partially flexed, though susceptible of being extended by the hand without giving much pain.

This symptom, and that of the limb being more free from pain and more comfortable, when partially flexed, can be explained, when we consider that the tendon of the *flexor longus policis pedis*, was carried out of its natural course upon the backward projecting astragalus, like a fiddle string elevated upon the bridge; and that the displaced bone acted in somewhat the same manner on the tendo achilles, when the limb was extended at the knee joint.

Dr. Doolittle, of Herkimer, N. Y., a very intelligent physician, and of a great deal of experience, being the son of an aged physician of extensive practice, saw the patient twenty or thirty minutes after the occurrence of the accident, when the character of it was readily detected, and an attempt made to reduce it. But he soon discovered, by its position, and unyielding character, that all his efforts, and with all the means within his reach, would be unavailing.

The patient, accompanied by a young physician, was placed

in a railroad car, and brought to Albany, on the evening of the accident with a view to procure my aid in reducing the dislocation. I left town the early part of the same evening, before the arrival of the patient, to be absent for a few days.

The services of my colleagues, Doctors James H. Armsby and James McNaughton, gentlemen in every respect competent by their anatomical knowledge and their experience and skill in the practice of surgery, were solicited; and with all the exertion in their power, both manual and mechanical, and continued for a long time, failed to effect a reduction.

The patient returned to Herkimer where he was again placed under the care of Doctor Doolittle, who leeched the limb and put him on a thorough antiphlogistic course of treatment, which very much reduced the tumefaction and inflammation in the course of eight or ten days.

The *State Medical Society* commenced its annual session in this city on Tuesday the first inst., at which were assembled something like thirty five or forty of the most respectable Physicians and Surgeons of the State.

It was deemed quite advisable that the patient should have the benefit of the skill and wisdom of such an assemblage of medical men. Accordingly he was requested to visit Albany again, and although he did not arrive until after the adjournment of the Society, consequently the case was not examined by its members, yet I had an opportunity to examine it most thoroughly on the evening of Thursday, ten days after the accident.

At this time, as I have already remarked, the inflammation and tumefaction had nearly subsided; and on examination I found the foot admitted of a moderate degree of flexion and extension, which was evidently between the *os calcis* and the astragalus, instead of between the *tibia* and astragalus.

The limb did not appear to be much deformed; and my deliberate conviction was, that it would not be worth while to make any further attempt to reduce the displaced bone—and my prognosis, that the limb ultimately would become quite useful.

Thus much for a brief history of the case of Quackenbush. And now I propose to institute an examination as to the frequency of any variety of dislocation of the astragalus, especially the backward dislocation, the amount of success in its treatment, and some of the obstacles opposed to its reduction.

I have been in general practice for over thirty-two years; and for more than two thirds of that time, have occupied a

favorable position in the midst of a dense population, and have done a pretty large surgical business; and yet I have never seen but one case before of dislocation of the astragalus, which occurred some years ago to Prof. Marthar, of Fairfield, Herkimer Co., N. Y., who leaped from a wagon while the horse was at full speed, and alighting upon his feet, producing a *forward* and *outward* dislocation of the astragalus.

The accident happened at the north, eighteen or twenty miles from Albany. A physician near at hand made an attempt to reduce it; but I presume failed for the want of proper assistance.

The patient was brought to Albany; and by the efficient aid of Doctors McNaughton, Armsby, Emmons, and Hun, after great efforts and long continued exertion by manual means and mechanical power, we succeeded in effecting a reduction, which resulted in a perfect cure.

From references and extracts taken from my own surgical library, it will be perceived that dislocation of the astragalus, in any direction is not often met with; but that a backward displacement is extremely rare; and that there is no evidence of but a single case of the kind having ever been reduced.

All the cases of backward dislocation I can collect, amount to five, besides the one I herewith report; (if we exclude the six cases collected and reported by Mr. Turner, which makes it evident, that in his list some of the following must be included): viz: *two* by Benj. Phillips, *one* by Liston, *one* by Ferguson, and *one* by Mr. Richard Carmichael of Dublin.

In Druitt's Surgery, at page 282 will be found the following remark: "This displacement (of the astragalus) if only partial will be exceedingly difficult to rectify; and, if complete, it will most likely be impossible."

Prof. Gibson in his system of surgery does not even speak of any dislocation of the astragalus, hence I infer it had not fallen under his observation at the time of the publication of his last edition of his work.

Dupuytrean, on "Dislocations and Injuries of the Bones," at page 316, under the head of "Dislocation of the Astragalus" speaks of having seen ten or twelve cases of this lesion; and then proceeds to narrate four or five cases, of forward and outward dislocation, but says nothing about a backward luxation.

Abernethy, in his Surgical Lectures, notices a case of anterior and outward dislocation of the astragalus, while he does not even mention a backward dislocation.

Liston, in his "Elements of Surgery," at page 508 says, "I have seen but one instance of displacement of this bone, (astragalus,) backwards, and most probably another will never occur to me." He adds, "all attempts to reduce the bone proved fruitless: violent inflammatory action followed; but was reduced by active measures; and the limb ultimately became very useful; in fact, though not till after many months, little lameness or shortening was perceptible."

Miller, in his "Principles of Surgery," a recent work, omits in the text altogether to speak of any kind of dislocation of the astragalus.

Pirrie, in his System of Surgery, also another modern work, makes no mention of any kind of luxation of the astragalus.

Ferguson, in his "Practical Surgery," says "the bone (astragalus,) is almost invariably thrown forwards in front of the external malleolus; and from the manner in which the bone is protected by the mallioli, it is barely possible that the displacement outward or inwards can occur; and it is very unusual to see it backwards," and on referring to two backward dislocations reported by Benj. Phillips, he adds, "I have myself met with one instance." He does not say he reduced the displaced bone; but remarks, "dislocations of the astragalus, in any direction, and under any circumstances, must be looked upon as a very serious injury."

Sir Charles Bell, in his "Institutes of Surgery," under the head of "Dislocation of the Ankles," remarks, "In compound dislocations inwards, the astragalus is sometimes displaced, and so projecting as to require to be taken away altogether." This is all he says on the subject of dislocation of the astragalus.

Samuel Cooper, in his "First lines of the Principles and Practice of Surgery," speaks of a dislocation of the astragalus forwards from the os naviculare and os calcis, so as to form a considerable projection on the instep. He says he has seen three examples, and remarks that it is not a very common accident. He refers to one of the cases of a *backward* dislocation of the astragalus reported by Mr. Phillips, and adds another reported by Mr. Richard Carmichael of Dublin.

In a perfect gem of a work on "Fractures and Dislocations," by Robt. W. Smith, published in Dublin, 1850, under the head of "Dislocation of the Bones of the Foot," I find the following remark; and the only one which has any reference to the subject under consideration. "The double luxa-

tion of the astragalus from the bones of the leg upon the one part, and from the *os calcis* and *os naviculare* upon the other, is an injury of *comparatively frequent* occurrence." The author adds, "Dr. McDormell has recorded in the fourth volume of the Dublin Medical Journal, an example of simple and complete relaxation of the astragalus from the os calcis and os naviculare, without disturbance of the lutions between the *tibia fibula and astragalus.*"

It is evident the astragalus, in the above case, was carried away, and with it the tibia and fibula; but in what direction, whether backwards, inwards, or outwards we are not informed.

Surgeon Smith seems to be the only man who thinks dislocation of the astragalus of "*comparatively frequent occurrence.*" On the contrary, other authors, and experienced surgeons think it a rare accident.

Chelius in his "System of Surgery" recognizes four kinds of dislocations of the astragalus, *forwards, inwards, outwards,* and *twisted on its own axis,* so that its under surface is turned upwards. He does not speak of a *backward* dislocation, nor does his annotator, Mr. South; but in speaking of the difficulty of reducing the dislocation, he says: "The possibility of reducing dislocations of the astragalus, even by treatment accompanied with the greatest care and force, as observed by *Boyer, Astley Cooper, Dupuytren,* myself and others, depends on the firm locking of the neck of the astragalus between the other bones.

Sir Astley Cooper, on "Dislocations and Fractures," under the head of simple dislocations of the astragalus backwards, gives, in detail the two cases reported by Mr. Benjamin Phillips.

Mr. Phillips says, "I have been within the last three years twice consulted about an accident which is at present scarcely known; a *complete dislocation backwards of the astragalus,* without any other change in the relative position of the other bones, or external injury to the integuments." In the first case related by Mr. Phillips, the patient leaped from a carriage while the horse was under full headway, and without any lines to guide or control him; "and alighted upon his feet; but immediately fell *forward* to the ground.

He next describes the symptoms of the accident; the means employed, and the unsuccessful efforts at reduction.

Mr. Phillips says, "a new articulation was formed between the bones of the leg and the os calcis; little inconve-

nience was occasioned by the astragalus, and when I last heard of him, the patient walked nearly upright."

In the second case, the displacing force seemed to be applied in a similar manner. "It occurred to a young man in playing cricket; while fielding and running very fast after the ball, a gutter which was in his course, was not observed. The toes rested upon the further side of the gutter, while the heel was jammed directly into it, and he fell *forward*.

Previous to Mr. Phillips having seen the patient an attempt had been made to reduce the dislocation the evening before. Mr. P. did not attempt to repeat the operation; but treated the case antiphlogistically. "The accident occurred in August, and in November he was able, with the aid of a stick, to walk a short distance; and on the first of January, scarcely any lameness remained."

Upon the improbability of reducing such a dislocation, the author remarks, "That a reduction of this bone, when it has completely escaped *backwards* can rarely, if ever be effected, appears to be certain."

In No. VII of Braithwaite's Retrospect from January to July, 1843, I find an abstract from Thos. Turner's paper on "Dislocation of the Astragalus," in which there is given a classification of the varieties, and in which there is found the following remark: "In dislocations backwards, the sequel of *allowing the bone to remain in its new situation*, has become most satisfactory; but not so in dislocations in the other directions."

In the same work, page 84, we find the following remarks on the subject of backward dislocations: "We have seen, in the detail of cases, that in all the dislocations backwards, (one excepted,) the cases were left to nature, and did well; the conclusion, therefore, at which we may safely arrive is, that in this kind of luxation we are not to interfere, except by making reasonable efforts at reduction, for the case ought not to be abandoned without hope, as Mr. Liston succeeded on one occasion in reducing the bone."

In Johnson's Medico-Chirugical Review, Vol. 19–1843, in the Review of Mr. Thos. Turner's paper, on the subject of Dislocation's of the Astragalus, we find 45 cases of the accident, classified into *partial and complete, simple and compound*, and also as to direction. According to the latter classification, 11 were forwards: 4 forwards and inwards; 10 forwards and outwards; 1 upwards and outwards; 6 inwards; 6 outwards; 6 backwards; and 1 outwards, downwards, and

backwards. I think there is rather a remarkable coincidence in the fact, that the number of inwards, outwards, and backwards, should be precisely the same in each variety.

Under the head of "the practice of allowing the astragalus to remain in its new situation," the reviewer remarks: "In almost all the cases narrated in which the bone was dislocated *backwards*, the cases were left to nature and did well; a very useful foot being the result.

It would appear, from the manner in which the accident occurred in the two cases reported by Mr. Phillips, and in the case herewith presented, that the disturbing or dislocating force was nearly the same; or at least in the same direction.

The articulating surface of the tibia forcibly impinged upon the *anterior* part of the *tibial* articulatory surface of the astragalus, while the foot was forcibly flexed, which naturally caused the astragalus to be driven backwards, upon the upper surface of the os calcis. In short, by the force of the tibia and the resistance of the os calcis, the effect upon the astragalus seemed to be very much like that of a wedge when attempted to be driven into a *dense*, tough, and unyielding log, which not unfrequently results in an expulsion of the wedge, almost like a missile propelled from a cannon's mouth. Indeed, the astragalus may be compared to a wedge; for it is well known that the posterior half is *much thicker* and more bulky than the anterior portion. If it be viewed in this light, and especially when we take into account the strong ligaments that extend from the malleoli to the *os calcis*, I think we need not be at a loss to account for the unsuccessful efforts to reduce a backward dislocation of the astragalus.

In conclusion, I think a backward dislocation of the astragalus extremely rare, and reduction much more so; as that from the number of cases adduced, and from the variety and weight of authority cited, I was justified in refusing to make any further attempt to reduce the dislocation in the case of Mr. Quackenbush.

Albany, February, 1853.

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## *Liquor Ammoniæ Acetatis.* By JOHN T. PLUMMER, M. D., of Richmond, Ia.

The following remarks may be of service, as items in the general stock of experience. They have been induced by the diversity of results, reported by different authors. Introduced

more than a hundred years ago, its medicinal properties do not yet appear to be definitely settled, especially with regard to its action on the uterine functions; and the doses to be administered. Cloquet of Paris, Mazuyer of Strasburg, and Patin of France, report favorably of its use in dysmenorrhœa. The last named physician appears to have given 40 to 70 drops three or four times a day; and by these doses giddiness was produced. Christison (Dispensatory) says "the dose should be half an ounce for an adult every two or three hours;" and makes no reference to its pathogenetic effects; but adds, "many physicians err in prescribing it in small doses." Patin advises against the incautious use of it, as it diminishes the quantity of the menstrual discharge. "In large doses," says Christison, "it probably possesses the narcotic-irritant properties of other neutral ammoniacal salts." In cases of profuse catamenia and uterine hemorrhages, Patin obtained the most remarkable results.

For twenty years, I have employed this remedy with frequent success in *amenorrhœa*, instead of "profuse cataemnia;" and in dysmenorrhœa. I have prepared it extemporaneously, with strongest cider vinegar; and with acetic acid of sp. gr. 1011. The first, I have generally used in amenorrhœa, in half ounce doses every two hours, at the commencement of the menstrual efforts, indicated by headache, pains in the loins, &c.; and in dysmenorrhœa, in like manner. The preparation with acetic acid, I have used in the same affections, at intervals of 2 to 4 hours. From the use of the vinegar combination, I have never witnessed the slightest ill-effects, except, perhaps, sometimes that degree of nausea which most medicines are apt to occasion. From the acetic acid preparation, I have observed variable effects in the doses named.

A married female, about 30 years old, suffered from a multitude of nervous symptoms, in consequence of a prolapsed uterus, occasioned by too early rising after confinement with her first, and as yet, only child. To restore menstruation, she had taken, from various physicans, hellebore, savin, and numerous other articles, with but little effect. (The prolapsus appears not to have been suspected by her medical attendants.) After replacing the uterus, I found the catamenial period painful, but without flow. I gave ʒss doses of the the aqueous acetate of ammonia, of the strength above named, and the menses appeared without any pathogenetic action from the medicine. At the next period, the same means were

used, after the patient had been allowed to pass several days beyond the expected time; and a more copious catamenia followed, than she had ever witnessed.

To another patient about 20, married, but sterile, yet possessing general good health, I gave ℥ss of the acetate, with the effect of vomiting, severe headache, and delirium. In a few hours the headache and delirium had ceased. Next day ʒij. of the acetate were given with the like result, but in less degree.

This article appears to have been proposed as a means of "dispelling intoxication." In the last named case, it evidently *induced* symptoms, closely imitating intoxication, if it was not intoxication itself.

My experience fully accords with that of others, in repect to the febrifuge properties of this remedial agent. I have never been able to discover that it, in the slightest degree, excites the sanguiferous system. So far from it, it has in my hands, appeared to be a cooling sedative. I have found it to be especially serviceable, in the early and eruptive stages of measels, sometimes combined with camphorated water, but mostly alone.

I do not wonder, however, that it has by some, been considered as a stimulant of the arterial function. Even, as originally prepared by Minderer, it appears to have differed from our modern solution, in being more disagreeable in consequence of the accidental formation of an ammoniacal soap. But as I have seen it formed extemporaneously by some, claiming to be physicians and apothecaries, it would serve well, in case of emergency, to fill a smelling bottle.

I was called in consultation, in the case of a child laboring under dysenteric fever; and prescribed, in part, the solution of acet. of ammonia. In a few hours afterward, I was called, in the absence of the family physician, on account of the occurrence of vomiting and increase of fever. Suspecting the cause, I examined the preparation, and found it so strongly ammoniacal, that, to satisfy my curiosity, I took it home and added to one part of the original preparation, *six parts* of acid. acet. dilut., before the alkali became neutralized. At another house, in a case of infantile pneumonitis, I discovered a like preparation to be the all-sufficient cause of a violent exacerbation of all the symptoms. I need not multiply examples; the cases given, will serve to show, not only an inexcusable recklessness in the preparation of the medicine; but, also, the premises from which some are willing to draw their conclusions of the

properties of remedial agents. To assure me that it was a neutral compound that he had been administering, the physician stated that he added the carbonate of ammonia until effervescence ceased. He may possibly have *heard* of litmus and termeric; but according to his own avowal, the cessation of effervescence was enough for him, without the aid of these vegetable tell-tales.

Of late years, I prepare this solution, exclusively with dilute acetic acid and the alkali. On account of the unsightly, turbid, brown liquid produced by the combination of ordinary vinegar with the ammonia; and the great variation in the strength of vinegar; dilute acetic acid of officinal specific gravity should always be used. When properly prepared, it requires much patience in attaining the point of neutralization, even with the aid of test papers. It may be readily kept for months, in a cool place, in well stopped vessels.

# Proceedings of Societies.

*Transactions of the Montgomery Co. Medical Society.*
By H. G. Carey, M. D., Sec'ry, Dayton Ohio.

*February Session.*—The Society met in the Lecture-room of the Dayton Medical Institute, the President, Dr. Hains, in the Chair. After disposing of the unfinished and preliminary business, three new applicants were elected and received as members of the Society.

An essay was read by Dr. Davis, upon "*Procidentia Uteri.*" Brief allusion was made to the anatomical structure and relation of the organ, and the discrepency existing among authors and teachers in reference to the terms designating the different degrees of displacement. For the sake of convenience and a better understanding of the subject, Dr. D. remarked, "that he would adopt those of Churchill, and consider every degree of displacement, until the os uteri rests upon the perineum, imperfect prolapsus, and the escape of the os uteri through the vaginal orifice to its utmost capacity of protrusion, perfect prolapsus, or procedentia."

The *causes* of procedentia, he devided into the "essential and unessential. Among the latter, he enumerated leucorrhœa,

menorrhagia, strumous habits, debility, scirrhus, polypi, hydatids, induration of the os uteri, coughing, sneezing, dancing, &c., &c.; and among the former, increased capacity and relaxation of the vagina, debility and relaxation of the perineal and levator ani muscles, with extension of the pelvic fascia. Child-bearing, he considered as one of the most prolific of the essential causes."

In alluding to the force which the ligaments exerted in maintaining the uterus in its natural position, the author "admitted that there was an apparent lateral support to the organ by its round ligaments, but denied their agency in preventing at least partial procedentia; and as the broad ones are only duplications of the peritoneum over the fundus of the uterus, and essentially elastic, besides their connection with the rectum and bladder, which always accompany the organ in its descent; it is impossible for them to afford any resistance to perfect prolapsus.

The displaced organ having been restored to its normal position in the cavity of the pelvis, Dr. D. proceeded to divide the treatment of procedentia uteri into "medicinal and mechanical." Great importance was attached to the improvement of the general health and correcting abnormal discharges; especially if connected with the prolapsus. As a "local application, he placed more confidence in the frequent use of cold water, during the intervals of menstruation, to the genitals and perineum, with injections of the same into the vagina, than all other remedies. Astringent injections—as astringents, he remarked, have their influence upon the mucous membrane alone, and exert no influence upon the procedentia.

For the purpose of retaining the uterus *in situ*, pessaries in an innumerable variety have been used; an article, by-the-way, in which we, Dr. D., had not the least confidence. However, those which have recently emanated from the genius of Dr. Clark, of Manchester, or the one constructed by Dr. Simpson, of Edinburgh, may be free from the objections of those which do not rest upon a stem, to receive external support, but from their liability to excoriate or abrade the labia, they, too, we fear will be found impracticable.

Dr. D. remarked, that all those without stems are calculated to produce the very same disease which they are designed to remedy. Without reciting the ordinary objections, he continued, we maintain they weaken the vaginal wall, as they must, in order to be retained, have a circumferance sufficient to distend the vaginal canal beyond its capacity of healthy en-

durance. We are well persuaded that if a healthy female was compelled to wear one of these articles for a few weeks, upon its removal she would have imperfect prolapsus. Indirect support to the permeum and lower part of the abdomen, he considered indispensable to the success in the treatment.

Dr. J. Coons presented a brief abstract of cases of Intermittant Fever, treated by Ferrocyanuret of Iron. As Fever and Ague was one of the most important, because one of the most frequent diseases of the West, Dr. C. thought that anything concerning its treatment would not be uninteresting to the Society.

His "attention had been called to this subject by an article published in a recent number of the Western Lancet, in which the author claimed more for this remedy, as an anti-periodic, than he had ever been able to discover following his administration;" this had induced Dr. C. "more thoroughly to test the power which Prussian Blue possessed in controlling the paroxysms of Ague."

The first case in which the article was administed, was of the quotidian type, of two months standing; during which time it had been broken several times by quinine. Ferrocyanuret of Iron, was ordered in three-grain doses every three hours, with the effect of interrupting the third paroxysm after its commencement. The same amount of medicine was continued three times per day for ten days, when the patient was discharged cured. The second case was not dissimilar in character to the preceding. Prussian Blue was prescribed in two-grain doses every two hours. The medicine was continued at the same intervals for three days, with an increase in the amount, until six grains were taken at a dose, without arresting the disease; when quinine and morphine were administered and the disease was arrested in twelve hours.

The third was a protracted case, without complications. Prussian Blue was taken in doses of eight grains, every three hours, for eight days without any perceptable abatement in the severity or duration of the paroxysms.

"From the above, and many other cases which he might cite, Dr. C. concluded, that as an *anti-periodic*, the article under consideration was not entitled to any very considerable respect; but in broken down states of the system, following ague, he thought that it was one among the *first*, if not the very *best*, preparations of iron. But it cannot take the place of the great anti-periodic—QUININE."

Dr. Carey, from the committee on Medical Societies, *re-*

*ported* in favor of dispensing with the *levees* usually given to the "Ohio State Medical Society," by the profession resident in the city where it holds its annual sessions; and expending the means requisite to defray the expenses of such entertainments in a manner best calculated to promote the *literature* of the profession in Ohio.

To this end, he contemplated the construction of two MEDALS—one of gold and the other of silver—of elaborate workmanship, to be presented to the Parent Society; and by it offered as prizes, to be awarded in 1854, for the first and second best essays upon some subjects connected with the science of medicine; the merits of which are to be decided upon by a committee appointed by the State Society.

The designs—of which the medals are to be fac simile—is oval, the transverse and longitudinal diameters of which are respectively two and a half by two and seven-eights inches. Upon one side of the rim, three-eights of an inch wide, is inscribed, "OHIO STATE MEDICAL SOCIETY," surrounded by neat chasing, which diverge from a female pelvis, engraved on the bottom of the rim. In the center of the oval is the CADUCEUS, supported on the one side by a *Stethoscope*, on the other by a *retort;* and bearing upon the tips of its wings, arching from side to side, the word EXCELSIOR. These are overhung by a Surgeons hand and knife, in the act of amputating an arm. The rim of the opposite side has the following engraved upon it, "*Presented to the O. S. M. S., by the Montgomery Co. Medical Society*, 1853." The oval of this side is highly burnished and left blank, upon which are to be inscribed the subject and name of the successful essayist. The medals are surmounted by globular skulls.

Although it was an innovation upon an established custom, Dr. C. "did not hesitate to urge the adoption of this or some other rational mode of signalizing the meeting of the Parent Society with us in Dayton; as a substitute for sumptuous repasts and their associate convivialities; which, at least, contribute only to social enjoyment and sensual gratification for an hour."

After stating that few, in comparison with the great mass of the profession, enjoy the *levees*, and less of their *results*, the report concluded by urging the importance of holding out strong incentives to cultivate Scientific Medicine and foster its literature in the West, as the most efficient means of elevating the profession, and rendering it independent of eastern and trans-Atlantic authorship.

# Reviews and Notices.

*Manual of Physiology.* By William Senhouse Kirkes, M. D., Licentiate of the Royal College of Pysicians, Registrar and Demonstrator of Morbid Anatomy at St. Bartholomew's Hospital. Assisted by James Paget, F. R. S., Lecturer on General Anatomy and Physiology, at St. Bartholomew's Hospital. Second American, from second London Edition, with illustrations. Philadelphia: Blanchard & Lea. 1853. pp. 560.

We have heretofore expressed a favorable opinion of this "Manual" (or "Hand Book," as the *author* termed it), as a good text-book for students. It possesses the especial merit of being clear and concise, and at the same time affording a good outline of physiology.

In reference to this second *American* edition, we cannot refrain from a remark touching the assumption of the publishers. The American publishers have taken the author's book, changed the title, introduced some new matter, together with additional illustrations; which, "*it is hoped*," will render the facts advanced more easy of comprehension! Surely it is enough that the American publisher can, without the author's consent, re-publish his book and reap the profits; but, not satisfied with this privilege, they change, and it may be *mar*, the work, and thus misrepresent the author. We hope the time will speedily come when these unwarrantable liberties will cease. For sale by H. W. Derby & Co.

*New Views on Provisional Callus.* By Frank Hamilton, A. M., M. D. Buffalo, N. Y. pp. 15.

In this pamphlet of fifteen pages, the author states, that his views of the mode that nature has adopted in repairing fractured bones, are similar to those advanced by Prof. Paget, in his lectures on that subject; but that he had prepared the part of this paper containing his peculiar opinions, before he "had seen or heard of the views of Mr. Paget," and therefore considers his "views as original."

The author thinks the doctrine of Dupuytren erroneous, and that this distinguished surgeon was led into error, by making his observations on the bones of inferior animals, instead of those of man. He says that provisional callus is always found after fractures in the bones of inferior animals, but that *in no case, does it occur in the human bone*, when the fracture is properly adjusted, and the parts are subjected to no undue irritation during the progress of reparation. These views are founded on extensive observation. He says:

In 1844 I studied very critically the famous Dupuytren Museum, at Paris, which is peculiarly rich in fractures; and the results of my study and analysis were subsequently published in a tabular form in the Buffalo Medical Journal for 1849. And wherever else upon the continent, in Great Britain or in this country similar collections came within my reach, I have never failed to avail myself of them for the purpose of study. Thus from many and various sources the evidence has been derived, and the conviction has been gathering upon me that Dupuytren had greatly misapprehended the process of union of broken bones in the human subject: and this evidence was no less abundant in his own beautiful collection at Paris than elsewhere.

The peculiar views of Dr. Hamilton, are embraced in the following comprehensive paragraphs:

Broken bones unite when submitted to the most favorable circumstances, by definitive callus, or by a process allied to adhesion—by *first intention*: but under less favorable circumstances by provisional callus, or by a process allied to granulation—by *second intention*.

The venerable and distinguished Dr. Mussey, of Cincinnati, to whom I stated my views, and by whom I believe their general correctness is admitted, said that he would express his notions of the reparation of fractured bones by saying, that nature, or the Great Author of nature, first sought to repair the injury in the simplest possible manner, by a direct union of the ends of the bones; but being defeated in this, she then chose the next best alternative, viz., to form a temporary callus, and this was the origin and object of nature's splint.

To these views, with certain qualifications, I assent. But then provisional callus is no longer the normal, but only a contingent or alternative process.

The impossibility of placing "the limb of any brute animal, into that condition of rest, requisite to determine nature's first intention," will explain the formation of provisional callus in the fractures of their bones, while in man the conditions are different; the fragments are accurately adjusted, and every irritating cause lessened or entirely removed. Hence, in man we seldom meet with provisional callus.

The paper closes with the following recapitulation.

*First.* Broken bones unite directly, naturally and by preference through the interposition of definitive callus.

*Second.* Broken bones unite indirectly, and accidentally, through the intervention of provisional callus.

*Third.* The absence of provisional callus does not denote that it could serve no useful purpose.

*Fourth.* Its presence does not indicate its necessity or utilty.

*Fifth.* It has, therefore, no final purpose, but is the unavoidable result of a certain abnormal condition: and while it is doubtless true that in fractures it frequently renders valuable assistance to the surgeon, it is also equally true that it often proves a source of hindrance. W

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*The Physician's Pocket Dose and Symptom Book: Containing the Doses and Uses of all the principal articles of the Materia Medica and Chief Officinal Preparations; Table of Weights and Measures; Rules to Proportion the Doses of Medicine; Common Abreviations of writing Prescriptions; Table of Poisons and Antidotes; Dietetic Preparations; Table of Symptomatology; Outlines of General Pathology and Therapeutics.* By Joseph H. Wythes, M. D. Author of "The Microscope," "Curiosities of the Microscope," etc. Philadelphia: Lindsay & Blakiston. 1853. 16mo. pp. 246.

We are utterly at a loss to perceive the utility of this *medical primer.* The author designates two classes of persons for whom it is designed—the *student* and the *country practitioner.* He thinks it may prove of service to the *student* as a remembrancer in the treatment of disease. We do not understand that *students* are entrusted with the duty of treating diseases. And if the "country practitioner" is so stupid

as not to know the uses and doses of his drugs, we fear that Dr. Wythes book will not do much to enlighten him.

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*The Druggist's General Receipt Book: containing a copious Veterenary Formulary, and table of Veterenary Materia Medica; numerous receipts in Patent and Proprietary Medicines, Druggist's Nostrums, etc. Perfumery and Cosmetics, Beverages, Dietetic articles, and Condiments; Trade Chemicals, &c. With an Appendix of Useful Tables.* By Henry Beasly. Second American from the last London Edition. Corrected and Enlarged. Philadelphia: Lindsay & Blakiston. 1853. pp. 472.

The above title page is long enough without any comment. The book may be of some service to druggists, but we cannot perceive that an intelligent *physician* can be benefitted by it. For sale by H. W. Derby & Co.

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*Hank-Book of Natural Philosophy and Astronomy.* By Dyonesius Lardner, D. C. L., formerly Professor of Natural Philosophy and Astronomy, in University College, London. Second Course. Heat, Magnetism, Common Electricity, voltaic electricity. Illustrated with upwards, of 200 Engravings on Wood. Philadelphia: Blanchard & Lea. 1853. pp. 451.

This is an exceedingly interesting little volume, nnd cannot fail to be duly appreciated by the intelligent student. The subjects of heat, magnetism, and electricity are discussed in a very able manner; and the medical student will find the work well adapted to his especial wants. For Sale by H. W. Derby & Co.

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*A System of Practical Surgery.* By Willam Ferguson, F. R. S.—Professor of Surgery in King's College, London; Surgeon to the Kings College Hospital; and Surgeon to H. R. H.—Prince Albert. Fourth American—from the third and enlarged London edition; with 393 illustrations. Philadelphia. Blanchard & Lea., 1853. pp. 621.

We have always, since the issue of the first edition, considered *Ferguson's Practical Surgery*, as one of the best ele-

mentary works that can be placed in the hands of a student.

For the general Practitioner, who does not make a specialty of surgery, it is certainly invaluable. The style is concise, pointed, and clear. The description of the various operations are concentrated and accurate; so that in cases of emergency, the principles of the most difficult operations, may be obtained by a reference of a few moments to its pages.

The edition before us, possesses all the excellence of the preceeding, with a number of additional illustrations. For sale by H. W. Derby & Co. W.

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*Bronchotomy.* A paper read by appointment, before the Covington Medical Society, Jan. 3rd, 1853. By Asbury Evans, M. D.

In this neat little paper of 23 pages, the Essayist has given a very comprehensive view of the various pathological conditions that may demand the operation, of either tracheotomy or laryngotomy. We received both profit and pleasure, in glancing over its pages.—Printed at the Covington Journal Office. W.

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# Progress of Medicine.

## ENGLAND.

***Pulmonary Tuberculosis and Diseases of the Heart.***—[Dr. Thomas King Chambers, in the *Medical Times and Gazette*, gives the results of the records from St. Thomas Hospital, for ten years, with the view of determining the frequency of the connection between lung and heart diseases. He examined the record of 513 cases of tuberculosis, and 1,657 cases of the other diseases, and gives the result in the following tabular form]

| Diseases of the Heart. | In 503 Cases of Tuberculosis of the Lungs. | Per Cent. | In 1,657 other Cases. | Per Cent |
|---|---|---|---|---|
| Pericarditis | 11 | 2·1 | 125 | 7·5 |
| Old Internal Adhesions of the Pericardium | 11 | 2·1 | 77 | 4·6 |
| Old External Adhesions of the same, (perhaps irregularly recorded | 7 | .. | 10 | .. |
| White Spots | 39 | 7·7 | 160 | 9·6 |
| Recent Fibrin deposited on the Valves | 4 | 0·7 | 39 | 2·3 |
| Thickened Valves | 20 | 3·9 | 137 | 8·2 |
| Atheroma of Valves | 15 | 2·9 | 182 | 10·9 |
| Hypertrophy alone | 13 | 2·5 | 156 | 9·4 |
| Hypertrophy and Dilatation | 13 | 2·5 | 143 | 8·6 |
| Dilatation alone | 46 | 9·3 | 248 | 14·9 |
| Atrophy | 7 | 1·0 | 12 | 0·7 |
| Excess of Adipose Tissue | 5 | 1·1 | 43 | 2·5 |
| Fatty Degeneration (irregularly recorded) | 3 | .. | 10 | .. |

[The results indicate the important practical fact, that cardiac and pulmonary diseases are rarely united, and that the existence of the latter indicates the absence of the former. Cardiac murmurs, therefore, which occur during the first sound, over and to the left of the origin of the aorta, do not always indicate valvular diseases.]

*Friction in Diseases of the Joints.*—[Edward William Lowe, Esqr., (*Ibid.*) has published a paper on the importance of *friction* in certain affections of the joints,—such as chronic synovical thickening and he alleges the results to be encouraging. He first employed flour during the frictions, but finally resorted to the ung. hydrag. In addition to the friction, he employed *pressure*, by means of strapping. His method is worthy of trial. The general plan is as follows :]

The joint having been carefully examined, and considered one fit for the remedy, if painful or tender of pressure, I take it and gently and easily rub it with ung. hyd. for a few minutes, avoiding as mnch as possible to give pain. Having done this, I wrap a piece of lint around the joint, now covered thickly with the ointment, and then smoothly apply straps of plaster from some distance below to the same distance above the joint, being careful that the sustaining pressure be equable, and at the same time slight. When finished, the joint should feel easy, supported rather than pressed, certainly not in any part unduly pressed.

These dressings I allow to remain on four days or a week; they are then removed, and the same process repeated, if the

joint will tolerate it, the frictions being stronger and longer continued. Thus I go on, removing the dressings; and each time, as the joint will bear it, applying more and more powerful friction, until it is downright hard and quick work for the rubber; and afterwards, each time making the pressure greater and greater, until the strapping can be comfortably borne as tight as it can be put on.

The great art in the application of the remedy being to, at first, so gently rub the joint, and so easily press it with the strapping, that as little pain as possible shall be given. A little pain you will give by the friction; it should, however, be but little, or, as a consequence, the joint will soon become hot, red, more swollen, and painful—in short, acutely inflamed, which condition will, of course, require removal by the appropriate remedies before you can resort to the friction.

*Treatment of Rheumatism.*—[ The following judicious remarks on the treatment of rheumatism, are extracted from a review of a late work by Dr. Fuller, of St. George's Hospital, London:]

The treatment of acute rheumatism Dr. Fuller thinks still rather unsatisfactory, notwithstanding the numerous plans devised by different practitioners, and indeed he believes that the disease, if uncomplicated by cardiac affection, will terminate sooner or later in recovery, under every variety of treatment. This proposition will not meet with much opposition from those who have seen much of acute rheumatism, and who have too often been mortified at the failure of almost every plan for the diminution of the sufferings of their patients. Bleeding in excess is, and we think very properly, denounced by Dr. Fuller, who considers that it predisposes to cardiac disease, thus producing the very complication which it should be our earnest duty to attempt to avert. Purging also, carried to extremes, is considered prejudicial rather than otherwise, and calomel, in large and often repeated doses, appears to have but little effect in shortening or alleviating the disease; and, indeed, mercury produces such a general depression of the system, as to lead to ulterior mischief after the rheumatic attack has passed away. Opium, however, in large doses, is of great service in allaying pain, moderating febrile action, and tranquilizing the system. Tartar emetic, cinchona, guaiacum, nitrate of potash, and lemons, are successively dismissed as being of no essential service in curing the disease. Col-

chicum is considered a useful remedy, but its effects require to be carefully watched. The alkalies are of very great importance in the treatment of this disease, as neutralising the acid secretion and rendering it innocuous to the system. On the whole, Dr. Fuller considers the best treatment to be that which is drawn from the use of several remedies rather than that which consists only in the application of a single one; and he relies chiefly on the alkalies and the neutral salts, together with colchicum, calomel, and full doses of opium. Bleeding is rarely necessary, unless the patient be plethosic, and even then it should be very moderate; and, in some few cases, where the skin, instead of being bathed in perspiration, as it usually is, remains dry and hot, the vapor or the hot-air bath has been found beneficial. Leeches and blisters are seldom necessary as local applications, and, indeed, from the migratory character of the disease, are generally useless; but Dr. Fuller has seen great relief obtained by enveloping the swollen joints in warm fomentations, containing mixed alkaline and opiate solutions.

*Case of Acute Rheumatism, succeeded by Chorea and Affection of the Heart.* By J. Warburton Begbie, M. D.—The relation subsisting between the two diseases, rheumatism and chorea, has now for some time been recognised by the profession, while from many of its members the subject has received much attention and study. That an amount of obscurity, however, in regard to it, is evident from the various explanations which have been advanced to account for the association of the rheumatism with the nervous disorder; and although the subject has engaged, and does still engage, the notice of many fully qualified for its investigation, it will not, I think, be considered that the recording of any accurately observed case is to be looked upon as superfluous or uncalled for. Acting on this belief, I beg to submit to the Society the following case, and the few remarks which succeed it:—

J. O., æt. 10, daughter of a groom, was placed on the roll of the New Town Dispensary on the 7th June last. I saw her that afternoon, in the house of her grandmother, in Jamaica Street. She was a delicate-looking but comely child, of fair complexion. In infancy she had suffered severely from measels and hooping-cough. Her grandmother, with whom she had resided, had for many years been a cripple from rheumatism; and her own father had had two attacks of rheumatic fever. The little patient had been seized two days

before my visit with shivering, followed by the occurrence of severe pains in the larger joints of both legs and arms. At the time I saw her, the knees, ankles, and all the smaller joints, were much swollen, red, and very painful. The shoulders, elbows, and joints of hands, were similarly, though to a less extent, affected. There was much fever, quick pulse, and furred tongue. The urine was dense, and the bowels confined. Heart's action violent, but unattended with any morbid sound.

She was ordered a purging dose of calomel with half a grain of opium, and a black draught to be taken the following morning.

*June 8th.*—The pains and fever much as yesterday. Has slept pretty well. Ordered a pill with one grain of calomel and one fourth of a grain of opium to be taken four times in the twenty-four hours.

It is not my object to dwell on this portion of the case, and I need not, therefore, weary the Society by detailing the daily condition of the patient; let it be sufficient to say, that she passed through a severe rheumatic fever, being only convalescent on the seventeenth day. She did not, however, so far as I could make out, suffer during that period from any extension of the rheumatic inflammation to the heart or pericardium. There certainly was not on any occasion during these fifteen days any morbid sound to be detected on asculation, or any increased precordial dulness to be made out on percussion. The mouth had been slightly affected by mercury, which had immediately thereafter been suspended. Up to the 23d of June I saw her daily; from the date she was convalescent, and thereafter, up to the end of the first week of July, I saw her frequently: on more than one occasion examining her chest, and always with the same result. On the 20th of July not having seen her since the 7th, I was requested to visit her on account of a peculiar shaking and nervousness, to use her mother's words. I found her suffering from confirmed chorea. The mother informed me, that the disease had been creeping on for some days, and that ever since her rheumatic fever she had been nervous, and very easily excited and alarmed, which was different from her previous character. She could not attribute the occurrence of the disease to any particular cause, indeed it had come on gradually; but she was quite sensible that it had been augmented by a fright, sustained the day previous to my visit, when a cat had somewhat incautiously attacked a favorite hawk, which was

kept in the room in which my patient slept. She had given a loud scream at the time, and during the following night had awoke from sleep with the same. When I saw her, the choreic affection of the lower limbs was so aggravated as to render progression nearly impossible, the arms, especially the left were similarly affected. The left side of the body was, on the whole more markedly affected than the right. Articulation also was greatly impaired, and she made most singular grimaces. She had never suffered from any nervous disorder before. The tongue had become furred.

On examination of the heart, I now, for the first time, noticed a deviation from the natural sounds. A distinct blowing murmur took place of the first, as heard towards the apex of the heart, and this was accompanied by a greatly increased action of the organ.

Ordered a purge of jalap, to be sepeated each day for three days.

The purges improved the tongue, but did not apparently influence the nervous disorder. Accordingly I ordered her to take five drops of Fowler's solution twice daily immediately after meals.

The arsenic was continued regularly without the intermission of a single dose, from the 24th of July up to the 20th of September, when the physiological action of the mineral being induced, as represented by a very white tongue, swollen eye-lids and somewhat irritable state of the mucous membrane of the stomach and bowels, I ordered its suspension. During that period the nervous affection had preservingly continued, at times augmented in severity, at others apparently yielding, at one period so severe as to cause the strict confinement of my little patient to the house, at another, permitting her to walk, assisted by her mother, and even to visit me at home.

On the 23d of September, I made the following note of her condition:—Chorea almost entirely disappeared; walks well and steadily, though she still complains of occasional sinking at the knees; slight twitches of the muscles of the face. The cardiac murmur continues distinct; clearly heard over the whole cardiac region, it is most distinct towards the apex, and is not propagated in the cervical vessels.

*November 17th.*—Is quite free from all choreic movements; expresses herself as well, except for the beating at the breast. The palpitation is at times inordinate. No decided increase of precordial dulness exists. The murmur continues as before.

*Remarks.*—This case is similar to many others which have been placed on record, and is, with one point of difference, the same as more than one case alluded to by Dr. Kirkes, in his most interesting papers* on this subject, the only dissimilarity being, that the evidence of affection of the heart, though looked for during the rheumatism was not detected, but became established about the time of the recurrence of the chorea. I had indeed come to the conclusion, that happily the heart had escaped implication in the disease. The case is interesting, from the speedy manner in which the choeric affection succeeded the declension of the rheumatic. There is one question of great interest to which I should wish to draw the attention of the Society, and that is,—The association of disease of the heart, unattendant on rheumatism, with the nervous disorder. I think that the evidence of some affection of the heart will be found in many cases of chorea. In Dr. Kirkes' analysis of thirty-six cases, three were of this nature. In some cases the cardiac affection will no doubt be found to be inorganic—functional derangement merely attended by a murmur with the heart's first sound, heard most distinctly over the upper sternum, propogated in the cervical vessels, and in all probability assocaited with the so-called venous murmur, in the neck. Further, the general appearance and symptoms of such patients point to the probable dependence of both nervous and cardiac affection on a disordered state of the blood, in short, on anæmia.

But apart from these, there is another class of cases, in which the evidence of organic disease of the heart, independent altogether of rheumatism, is quite as marked as its functional derangement is in the former. I remember to have seen one such well-marked case under the care of Dr. Paterson—now of Tiverton—in the Royal Infirmary, an account of which with Dr. Paterson's concurrence, I afterwards published.* The patient, a boy of seven years of age, was admitted into the hospital, suffering from a first, but very severe attack of chorea. Immediately on his admission, a loud musical murmur was detected accompanying the first sound of the heart, heard most distinctly towards its apex. Neither in this boy's history, nor in that of any of the members of his immediate family, which were carefully inquired into, was there any account of rheumatism. Under treatment the chorea speedily subsided, and after a residence of nearly a month

*Medical Gazette 1850.

he left the hospital, the cardiac murmur remaining as before. Scarcely six weeks thereafter the little boy died suddenly, sitting at his tea table—he dropped down dead. Unfortunately I was unable to obtain an examination of the body; but the manner of the death certainly corroborated the opinion formed from the observation of the symptoms and physical signs of disease during life.

I do not propose to allude to the various theories known to all the members of the Society, which have been advanced to account for the association of rheumatism with chorea.† That which has been suggested by Dr. Begbie has received the willing assent of Dr. Watson and of Dr. Kirkes, appears to accord with the views entertained by Dr. Todd, and finds no adverse facts in the numerous observations of M. See, whose elaborate memoir on this subject, read to the Academy of Medicine, and published in their "Transactions," has left nothing to be added to its historical bearings.

The case I have now related certainly goes to establish the correctness of Dr. Begbie's theory, that the morbid condition of the blood, which gives rise to rheumatism, also gives rise to chorea. The child had inherited from two generations the rheumatic diathesis, and only became a sufferer from chorea on the declension of a rheumatic attack. Assuredly no other theory which has been advanced so simply or correctly explains the frequently observed facts of one member of a family being affected with chorea, another with rheumatism and perhaps the third being the subject of both affections. But I acknowledge, with Dr. Kirkes, that there still exists several very interesting circumstances, which require more attention and investigation, before the association of these two diseases shall become thoroughly understood.—*Read to the Medico-Chirurgical Society of Edinburgh.*

## FRANCE.

*Belladonna in Epilepsy.*—Fredericq (*Gaz. des Hop.*, 1852) recommends belladonna as a preservative against epileptic fits. The patient is to take three times a day a tablespoonful of a watery solution (3 grains to six ounces). It is rarely necessary to increase the dose; the medicine should be taken upon the first indication of the disease. The author relates two cases, in both of which the treatment seemed to have proved of avail.

*Medical Times, 1849. †Monthly Journal.

*Collodion and Castor-oil in Erysipelas.*—M. Guersant has employed with advantage, in a severe case of erysipelas, an application to the skin consisting of collodion combined with castor-oil. The formula was—collodion, 30 parts; castor-oil, 2 parts: mix. This varnish was applied once on three successive days to the part attacked,—and with good effect, as it caused cessation of the burning pain and the disappearance of the redness. The idea of mixing collodion with castor-oil is due to M. Robert Latour.—*Journal de Medecine et de Pratique.* February, 1852.

*On the rapid Cure of Itch.* By MM. Hardy and Devergie.—M. Hardy states that by the modification which he has introduced into the mode of treating the itch at St. Louis, he is now enabled to definitely cure a patient in *two hours*, so that it is in contemplation to treat all patients suffering under this disease as out-patients. The entire body is first thoroughly rubbed for half an hour with soft soap, which has the effect of breaking up some of the furrows in which the acari are lodged. A tepid bath is next employed for one hour, in order to soften the epidermis, the patient continuing to wash himself well while in it. Finally the patients rub each other thoroughly for half an hour over the entire surface with the sulphur ointment (lard 8 parts, sulphur 2, subc. potass 1), and the itch is cured. The various secondary eruptions, formerly confounded with the itch, may require several days for their dispersion, by means of simple baths. In 4 only out of 400 cases so treated, have relapses occurred, and 144 cases out of 145 occuring in June were so cured.

In this way the disease spreads by contagion much less than heretofore, when the patients had to wait until they could obtain admission into the hospital.—In a recent paper, however, M. Devergie expresses his opinion that this rapid cure of a disease which has often been long persistent, is a practice not to be followed, as being dangerous to present or future health. In certain forms of itch the secretion is abundant, and when the disease has been mistaken, this may increase so as to form a kind of purulent emunctory not to be at once destroyed with impunity. It is probable, that some of the internal abscesses, which have been observed in cases of this disease, have arisen from its repercussion; and certainly in no other form of pustular eruption would the practitioner thus act. The itching or pruritus which is produced is not entirely an indifferent matter, and the habit of nocturnal

scratching must not be suddenly suppressed. Even when pedicular diseases or prurigo is suddenly arrested, dangerous pulmonary congestion sometimes occurs, requiring active rubefacients, although here little or no secretion has been suppressed. A single gentle friction suffices to destroy the contagious property, and it is best to complete the cure by repeating such for 5 or six days, than to run the risk, by too violent friction with very strong ointments, of producing the too sudden repression, or of exciting various forms of eczematous or lichenoid eruptions, which are sometimes more difficult to cure than the original disease, especially among the working classes, who are so apt to neglect the condition of their skin.—*Union Med.*

*Bouchardat on Diabetes.*—[We make the following extracts from a *Review*, in the *Ed. Monthly Journal*, of Bouchardat's work on *Diabetes*. The subject is one of great interest to every practioner.]

The fundamental facts propounded by M. Bouchardat are, that the quantity of sugar in diabetes is always directly proportional to the quantity of amylaceous and saccarhine aliment taken in twenty-four hours,—and that by almost entirely withdrawing these alimentary principles, the urine gradually returns to its natural composition and quantity, [pp. 5 and 6]. He admits, indeed, that since he first advanced these propositions, the discovery by Scherer of the principle Inosite in flesh, of which it constitutes a minute proportion, and the more important discovery by M. Bernard of the development of sugar int he portal blood by the agency of the liver, independently of the supply of saccaro-amylaceous nutriment, may render physiologically possible the presence of a small proportion of sugar in the urine, apart from the introduction of sugar or starch in the alimentary canal. But still he adhheres to the great fundamental principle, that diabetes depends substantially on the saccharification of saccharo-amylaceous food.

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The first and most essential part of the treatment is the regulation of the food. Of course all articles containing much starch must be excluded. These are too well known to require specification here. Sugar is equally to be forbidden, even cane-sugar, which is converted into grape-sugar in the diabetic stomach. Milk, too, he considers inadmissable, because sugar of milk is, in his opinion, convertible into

grape-sugar in the stomach of diabetic patients. This is not clear, Diastase does not affect this conversion. Neither does that modification of it which the author found in the diabetic stomach when empty of food. We have found, too, that the addition of twenty-four or thirty-two ounces of milk daily to other articles did not appear to increase the daily discharge of sugar.

All kinds of flesh are admissible in the treatment. That of wild animals has seemed to him the best, also that of insectivorous birds; and he has no objection to the flesh of carnivorous animals, if the patient will eat it; so that sometimes he has allowed a diet of cats and foxes to those who were too poor to dine upon vension, wild-boar and woodcock. Fish of all sorts, including shell fish, are excellent; and so are eggs. So too is cream, and cheese also; but milk is forbidden, because an English pint yields about three-quarters of on ounce of sugar in the urine.

Among vegetables, those which are allowable are spinage, chicory, sorrel, lettuce, asparagus, artichokes, Brussels sprouts, cabbage, green kidney-beans. Instead of bread, loaves made chiefly with gluten were proposed by the author in 1841, and are of great service. They are made by the following formula, which was determined after many trials by a baker of repute in Paris. As many practitioners have made inquiries how this bread is prepared, we present the recipe.

"One hundred parts of flour are carefully mixed with forty of water, and left at rest for half an hour in summer and two hours in winter. This dough is placed over a bucket in a sieve made with wire-cloth, No. 120, strengthened with a drainer, No. 15, and surrounded with a rim about six inches in height. A lump of ten pounds may be worked at one time by projecting upon it a stream of water through a tube perforated at the end with numerous holes, and kneading the mass at first gently, but afterwards more and more strongly as the gluten becomes thready, until the water ceases to run away white. The gluten thus obtained amounts to about a fourth of French flour, and a third of Sicilian or Barbary flour.

"The gluten should be converted into bread as quickly as possible; for in a few hours it undergoes alteration, and panifies ill. It is first to be carefully mixed with a fifth of its weight of fine flour, a little salt, and some yeast. It is then allowed to ferment, and placed in the oven at a moderate heat, until sufficiently dried. Bread thus prepared is palatable. According to the taste of the patient, the dough may be mingled with eggs, or cheese, butter, or cream.

"Bread may also be made with gluten by incorporating dry wheat flour with gluten in the moist state, drying and pulverising the mass, then mixing this powder with more moist gluten, and drying and pulverising again, and so on until the powder contains at least sixty per cent. of gluten. A portion is then granulated and roasted gently, and mixed with the rest; for in this way the dough is prevented from becoming too tough, so that panification takes place much more easily. In order to make this gluten-flour into bread, four parts are mixed with one of yeast, kneaded very diligently with the necessary water, and allowed to ferment for twelve hours at a temperature of 60° to 68°. This leaven is then mingled with twelve additional parts of gluten-flour, carefully kneaded, as before with water, and salted to the patients taste; and after eight or twelve hours of fermentation, it is baked in the oven in the usual way. Bread thus made looks and tastes well, if skillfully prepared. Eggs, cream, or butter may be mingled with the dough; and instead of salt, the citrate of soda may be used, as it is decomposed in the blood.

'The gluten-flour keeps remarkably well. It may be used for making various cakes, and also for porridge, and for thickening soups."

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As for medicinal treatment, he is attached to the carbonate of ammonia as a stimulant diaphoretic, and gives from fifteen to forty-five grains thrice a-day in solution or bolus. The other alkalies he rather condemns. The water of Vichy has seemed to him of use, but not the bicarbonate of soda; which, on the contrary, M. Mialhe has declared so important a remedy that the cure may be trusted to it alone. Opiates, especially in the form of Dover's powder, promote diaphoresis, allay thirst, and subdue nervous excitability. Chalybeates are available when there is anæmia, and are best given in the form of metalic iron, carbonate of iron, or iodide of iron. Cinchona bark, quina, and simple bitters, restore the powers of the stomach, if enfeebled, besides acting as general tonics. Common salt, instead of increasing, diminishes the patients thirst. Sometimes iodide of potassium or iron has seemed useful. Antiscorbutics are occasionally indicated as necessary by the state of the gums; in which case creases may be freely taken with advantage. Constipation must be carefully remedied by adequate aperients. Substances which retard the decomposing influence of diastase may be expected to prove useful, such as the caustic alkalies, the caustic earths,

the mineral acids, oxalic acid, alum and the vegetable astringents. It is worthy of remark accordingly, that all these substances have been commended by one practitioner or another in previous times, when they were used empirically, and before their action on the saccharification of starch was known. M. Bouchardat, however, doubts the utility of all of them, and has not been able to remark any such influence exerted when diabetic patients were using amylaceous food.

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## UNITED STATES.

*Post-mortem Appearances in the Case of the late Daniel Webster.*—After detailing the symptoms of Mr. Webster's illness, Dr. Jeffries gives the following as the result of the post-mortem examination:

*Autopsy* thirty two hours after death; present Drs. Jeffries, Porter, J. Mason Warren, Wyman, Parkman, and Jackson.

The emaciation was very marked, as shown by the state of the integuments and muscles; the latter being wasted, pale and flabby.

*Abdomen.*—The peritoneal cavity contained eleven pints of serum. There were also old and strong adhesions about the spleen, the gall-bladder, the cæcum, and to a small extent between the left extremities of the arch of the colon and the parietes of the abdomen.

The stomach was distended, and contained half a pint of very dark blood, about one half of which was in the state of a soft coagulum; and this was the only appearance that was found of coagulum in any part of the body. The mucous membrane was deeply stained by the contents, generally rather soft, and in the pyloric portion somewhat mamellonated. The intestines were opened throughout, washed, and fully examined with reference to the diarrhœa that had so long existed. Blood was found throughout in very considerable quantity as far as the descending colon, below which there was no trace of it; in the large intestine it was altered as usual in color. Mucous membrane stained by the contents so far as blood extended. In the large intestine were numerous herniæ of the mucous membrane, so common in this situation; from many of these small masses of feces or of mucus could be forced out, and these were the only traces of feces that were found. Otherwise, the mucous membrane of the intestines appeared quite healthy; there being nowhere any

ulceration to explain the diarrhœa, nor ecchymosis connected with the hemorrhage.

The liver was, throughout, very markedly granulated; dense, and contracted in size; the color externally was greenish or bronzed, but internally everywhere of a pale red; showing, as we may not very unfrequently observe, the inappropriateness of the term "cirrhosis," which would generally have been applied to the present case. Weight of the organ, three pounds and one-third, adverdupois. Bile in the gall-bladder nearly black, and of a tarry consistence.

Spleen small, pale, and shrivelled. Investing membrane to some extent opaque, white, thickened, and condensed; this change being probably due to the old peritoneal affection.

Kidneys and pelvic organs healthy.

*Thorax.*—Old pleural adhesions over nearly the whole of the right side; none on the left. Lower lobe of the left lung and the two lower lobes of the right much congested, and very dark; a change that undoubtedly occurred towards the close of life, being simply passive.

Heart flaccid; very little blood in cavities, and this was quite liquid. Slight disease of aortal valves, but organ otherwise healthy. Foramen ovale; a small valvular opening existed. Aorta not ossified, except to a small extent in the abdomen.

*Head.*—The membranes of the brain were most remarkably diseased. In the cavity of the arachnoid was a layer of fibrine which covered almost entirely and about equally the convexity of both hemispheres; it did not extend, however, beneath nor between them, nor about the cerebellum. In the recent state, it had a rather dull, yellowish, infiltrated, œdematous appearance; being one-fourth of an inch in thickness over the upper surface, but becoming gradually more thin on the sides, where it terminated in a thin edge. The adhesion to the dura mater was in some parts quite close; but it was generally very readily stripped off, and left the arachnoid with its usual polish. It was more adherent to the subjacent membrane; this last being irregular, and having generally a clouded and slightly opaque appearance, with many milk-white spots, but without any appreciable thickening. The quantity of serous effusion into the membranes was altogether large. The subarachnoid tissue corresponding to the layer of the fibrine above described was infiltrated with a straw-colored serum in some places, separating the convolutions from each other; this separation was quite remarkable at the posterior

part of the right cerebral hemisphere on its upper surface and near the median line, there being also a slight depression at this part. The dura mater adhered firmly to the calvaria, but was healthy in structure, as were the membranes otherwise; there was, however, a serous infiltration into each plexus choroides; though no more, if not less than usual, into the lateral ventricles. No appearance of recent meningitis; and no effused blood or cysts in or about the false membrane. The brain itself was perfectly healthy; and the arteries at the base very nearly so. Cranium healthy. Over the right frontal region a scar existed, the result of the injury that occurred last May; integuments not otherwise remarkable.

A portion of the fibrine from the arachnoid cavity having been removed for microscopal examination, it was found, some hours afterwards, and when the serum with which it had been infiltrated was absorbed, to have almost the consistence of one of the natural tissues of the body; being strong enough to bear codsiderable traction; it also appeared then to have somewhat of a laminated structure, and bloodvessels were distinctly seen in it even with the naked eye. Dr. Wyman found it "organized, and, in some places vascular. Under the microscope, the lymph was resolved into minute fibres, like those forming the white fibrous element of areolar tissue, and including in their meshes large numbers of minute granules."

Recapitulating the points of interest in this case, it will be observed that the immediate cause of death was hemorrhage from the stomach and bowels. For this, no source could be found in the lesion of any vessel; it must therefore be regarded as a simple exhalation dependent upon a disorganization of this fluid, indicated, moreover, by the almost entire absence of coagulation. The relation of this hemorrhage to the disease of the liver will also be noted as coinciding with previous experience; it being well known that, in certain cases where there is an altered action of this organ, there is a tendency to disorganization of the blood, manifesting itself thus in hemorrhage.—*Am. Jour. Med. Sci.*

*Pseudo-membranous Inflammation of the Vagina.* By Isaac G. Porter, M. D.—This case is an exemplification of well-established principles in the pathology of mucous membrane; principles every day exhibited in the membraniform secretion of croup, less frequently in the disease called diarrhœa tubularis, where perfect casts of the intestinal canal

are thrown off, as the result of gastro-enteric inflammation; and more rarely still in the form, position, and extent of the present affection.

An unmarried female, twenty-two years of age, of respectable family, was visited for retention of urine as the prominent symptom. It was discovered, however, while introducing the catheter, that the parts were hot, swollen, tender to the touch, and bathed in mucus; that there were constitutional symptoms, pains in the back, &c., denoting intense vaginitis. Very little water was removed by the operation, which was very painful. The case was treated by absolute rest, saline and other cathartics, balsam copaiba, and camphor, tepid mucilaginous injections, and finally, by injections of nit. argent. grs. v, to f℥i. Within a few days, portions of membrane, from the smallest size to two inches in length, and one in breadth, began to pass from the vagina, and continued until the whole canal was desquamated.

This condition was undoubtedly superinduced by unlawful irritation, not only of the clitoris, but of the vaginal canal; whether as a consequence of the intense and indomitable itching, which often results from idiopathic inflammation in its first stages, or whether from less worthy motives, cannot be decided.

Ten days after her supposed recovery, this irritation was repeated, and all the former symptoms returned with violence. High inflammation of the urethra followed, attended by retention of urine. As before, there was constitional irritation, pain in the back, nausea, and high nervous excitement, amounting almost to delirium. The vagina was much swollen, feeling hard and dry, like parchment. Continuing in this state for a few days, it gradually became moist, and subsequently softened into a scruffy, bran-like exudation, which could be easily removed with the finger. As the amount of moisture increased, the matter became slightly adhesive and unctious, like softened Castile soap. After an illness of ten days she passed entirely from our notice, and we are unable to say whether any subsequent adhesions followed.—*Am. Jour. Med. Sci.*

*Intestinal Strangulation, of a rare form and extent.* By John T. Metcalfe, M. D., Physician to the Bellevue Hospital.—Thomas Armstrong entered the Bellevue Hospital with symptoms of strangulation, or invaginated bowel, of which he died, on the day following his admission.

Autopsy, 11 hours after death.

On opening the abdominal cavity, there was an escape of gas and of hugely distended intestines, some of which were dark red, some bright red, and others having a blackened gangrenous appearance. The latter consisted of *forty-one inches* of the large intestine, commencing eight or ten inches above the anus, which had been strangulated by passing through an old opening, two inches in diameter, in the mesentery, near its attached border. Through the same aperture were strangulated two loops of small intestine, one nine inches in length, the other seven, presenting the different hues of red, above mentioned. The edge of the orifice through which the bowels had passed, was smooth, thickened, and well defined; evidently of a date much anterior to the fatal attack. The colon contained a large quantity of bloody, grumous fluid, in which were found a great many pieces of undigested calf's head. In the peritoneal sac, were ten ounces of sero-sanguinolent fluid.—*N. Y. Medical Times.*

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*Wry Neck Cured Without Cutting.*—By Gurdon Buck, M. D., Surgeon to New York Hospital.—Dr Buck has proposed a new method of overcoming the deformity, caused by a contraction of the muscles of the neck; and from his report of two cases, on whom he has tried it, we are inclined to give it a favorable notice. The following extract from his report of the first case, will explain his mode of manipulation:

Doctor Swett assenting to my proposal, the patient was laid upon her back in bed, with her head resting high up on a pillow, so as to be easily got at from the head of the bed. Taking the head between my two hands placed one on either side, I cautiously stretched it with a very moderate degree of force in the direction opposite to that in which it was distorted, that is, upwards, and to the left side. Almost immediately every one standing round the bed (of whom there were at least eight or ten pupils and medical men,) was startled by a loud snapping sound of something rupturing, and at the same time I perceived that the head yielded, and could be brought almost to its natural position. It was thought prudent to proceed no further at this operation. The patient on recovering her consciousness was not sensible of any new soreness in the parts, and could bear the head to be moved much easier than before the operation. She was directed to lie as much as possible on her left side. On the following day there was considerable soreness on the right side of the neck. On the

25th of April, one week after the first operation, the soreness of the neck having very much diminished, the operation was repeated a second time.

The same operation was repeated several times in both cases with the happy result of a perfect removal of the deformity, and of giving the patients complete control over the motions of the neck.—*N. Y. Medical Times.*

*Vesicating Oil.*—In the New York Journal of Pharmacy (February No.), we find the following directions for making a vesicating oil, that may be found in some cases a very convenient epispastic.

The solubility of cantharidin in chloroform, as shown by the experiments of Professor W. Proctor, suggested to me the idea of using that vehicle in combination with a fixed oil to obtain a vesicating agent, freed from the disagreeable concomitants of the ordinary fly blister, and retaining the cantharidin in a suluble state. I proceeded thus:

Powdered Cantharides, one part.

Chloroform, } of each (by weight) one and a half parts.
Castor oil, }

To the powder was added the mixture of chloroform and oil in a close vessel: the ingredients were transferred after some hours, to a glass apparatus and the liquid displaced in the usual way. It amounted to about two-thirds of the original bulk of the liquid employed. A few drops of the vesicating oil applied to the arm of an adult produced a perfect blister in eight hours. Its easy application on any given surface may be of value as a vesicating or epispastic. I would suggest the use of oil silk over the application of it to the skin; by retaining the moisture of the skin it will favor the action of the oil.

*A Valuable Substitute for Ergot.*—In the New Jersey Medical Reporter, (vol. VI, NO. 5,—p.165) is a paper bearing the above caption, written by P. H. WASHINGTON, of Woodburn Kentucky.

The writer relates two cases in which he had used *Dry Cupping* on the sacrum, with the effect of causing uterine pains and the hastening the termination of the labors, as speedily, and with greater ease and safety to the patients, than could be obtained by the use of *ergot.*

The cases were such as ergot has usually been prescribed for—where the uterine pains have become weak, and ineffi-

cient, from exhausted energy, and where the os is in a dilated state.

*Some Account of a Fever produced by the Decomposition of Potatoes.* By F. K. Bailey, M. D., of Almont, Lapeer Co., Mich.—Dr. Bailey has made a very interesting, and instructive communication to the *North Western Medical and Surgical Journal*, which appears under the above head. He says that:

During the Summer of 1846, there was erected in this village a large building, to be used in the manufacture of potato starch. The farmers, within five miles in each direction, contracted to produce potatoes, and draw them to the factory. As soon as the middle of October, there were delivered and deposited in one reservoir, about thirty thousand bushels. The machinery for grating not being in readiness as soon as was expected, this amount of potatoes laid some two or three weeks. The weather being warm, the whole mass soon began to rot. A small portion of them were diseased when drawn, but they were generally in a sound condition. As soon as it could be done, the pile was overhauled, and not far from twenty thousand bushels removed into the yard in front of the mill. This mass was some three or four rods in extent each way, and four or five feet deep in the centre. The smell emanating from this offensive heap of vegetable matter was almost intolerable.

The fevers during the Summer and the first Fall months, had been of a milder type than usual, yielding to proper treatment in a few days. During the months of November and December, a typhoid tendency could be perceived in every case that occurred. It was evident that some modifying cause was operating. One man, who was engaged in removing potatoes from the mill was attacked with a remitting fever; but about the seventh day, congestion of the brain set in, and he soon died.

After these preliminary remarks, he gives a detailed account of a number of cases, that occurred in the district where the effluvia, and disagreeable odor, arising from the decomposing vegetable mass, was most perceptible. The symptoms of each case are clearly and minutely described, from which he draws the following synopsis:

1. The pulse was frequent and quick. With an occasional exception, it was not less than 100 in a minute, and frequent-

ly going as high as 140 or 150 in cases that recovered. It was sometimes full, but always easily compressed beneath the finger. In the worst cases, and in feeble constitutions, it was found sometimes to intermit, which was usually an unfavorable symptom.

2. The breathing was hurried, frequently so much so as to occasion panting.

3. Morbid sweating was common, and was considered indicative of danger.

4. Diarrhœa was almost unfailing, and in many instances very excessive. Sometimes its existence was coeval with the attack, but frequently induced by the action of cathartics taken by the patient before calling medical aid, which developed the disease, that otherwise might not have occurred.

5. Tympanites was an attendant generally where there was diarrhœa, but sometimes when the the bowels were torpid.

6. Cough was common and frequently the first symptom complained of. The patient would seem to have a cold, cough a little for a day or two, when other symptoms supervened, and the disease was established.

7. Hæmorrhage from the bowels occurred in some cases, to such an extent as to exhaust the patient in a few hours. Sometimes the blood flowed unmixed, but commonly attended by morbid secretions.

8. The nervous system was in a marked degree affected in every case, more or less. Subsultus was common in the comparatively mild cases—worse, however, in persons of a strictly nervous temperament. Inability to confine the attention, indifference to surrounding objects and their own condition was apparent. But little solicitude was manifested in respect to recovery.

9. Delirium was common in the most cases, in some of which the patient would be almost uncontrollable. In a majority of cases the patient was so stupid, that it was difficult to obtain a correct answer to an inquiry. He might, perhaps, be aroused enough to answer one question, but would relapse immediately into a snoring sleep.

10. Deafness was almost unfailing and to such a degree, in some cases, as to render it difficult to make the patient hear.

11. Retention of urine was an occasional source of trouble, most common in females.

12. Forgetfulness of what had occurred during the disease.

was common in the severe cases, and in the mild the memory was confused. Unconsciousness of the lapse of time may be mentioned in this connection; and if a patient was unable to tell at any time how long he had been sick, or could not remember the day of the week, the prognosis might be considered as doubtful.

13. The rose-colored eruption attended a sufficient number of cases to be considered as diagnostic.

14. Subsultus and hiccough also were common—the former in cases of every grade, but the latter only in the worst cases.

In relation to the prevalence of the epidemic, he continues:

The starch-mill is situated at the southern extremity of Main-street, which extends north and south. Crossing Main street at right angles, about eighty rods north of the mill, is another street (St. Clair.) There is a ravine commencing at the mill, which extends to the N. E., crossing St. Clair-street about thirty rods east from the corner. In a north-west direction from it also, is a small stream crossing St. Clair-street, eighty rods from the corner. The man who died from the congestion of the brain lived in a north-west direction from the mill. Two or three of his children had the disease, one of whom died, having all the appearances peculiar to it. During the month of November the wind was mostly north-east, carrying the effluvium in the direction of this family, and the smell was noticed more than a mile west from the mill. The prevailing wind after Winter set in, was S. W., which would carry the miasm in the ravine first mentioned; and it was in that part of the village crossed by this ravine that the majority of cases occurred. The first fatal case, and almost the first one that occurred after the commencement, was that of the young lady who, after seventeen days from the accession of typhoid symptoms, was attacked with hæmorrhage from the bowels, and died in a short time.

The smell of the potatoes was noticed little or none in parts of the village directly north from the mill, while N. E. and N. W. it was almost intolerable. The subjects were generally young persons from eight to thirty years of age. In some instances whole families were affected. Facts may be related which would lead us to consider the disease as contagious. About the time that Miss B. (the young lady referred to) died, a daughter of Mr. K., who lived in the house adjoining, was attacked. About the same time, a sister of Miss B. was attacked, and died on the seventeenth day

of the disease. A young lady (Miss F.) who assisted in the family of Mr. K. was also taken sick, and remained in the family. A son of Mr. K. was taken about ten days after the daughter, and Mrs. K. was attacked before the rest recovered. After the younger Miss B. died, and previous to the attack of the other, the family removed to a house across the street. The wife of the man who went into the house Mr. B. had left, was attacked about the same time. Her husband also had some of the symptoms, but they were thrown off. Miss A., who went into the family of Mr. K., after Miss F. was taken sick, began to complain in about a week, and went home to an adjoining town ten miles distant. She had the disease and died. Three or four of her father's family were afterwards attacked, and a brother died. No other cases occurred in that neighborhood. A sister-in-law and niece of Mr. K., who had assisted considerably in the care of the sick in his family, had the disease but in a mild form. They resided on Main-street, out of the range of the miasm, and were not in Mr. K.'s house more than one-third of the time. Mr. K. had some of the premonitory symptoms, but the disease was not developed. A sister of Miss F. who was with her about four weeks, was attacked and went home. She had the disease, and a brother who resided in the family also took it from her and died. A young man who resided in the family was attacked, and before he recovered, his father who resided about twenty-five miles south, came and took him home. After his arrival at his father's, some of the family was taken sick, and from thence the disease spread until the whole household (the parents and seven children) died; the one who was taken sick here, alone escaping.

After the death of the second Miss B., her father, a sister, and three other members of the family were attacked, and had a severe form of the disease. Many others of the neighbors who had watched with these families, either had the disease or felt the symptoms.

Some cases occurred in parts of the village upon which the miasm was not wafted by the wind; but in every instance, we think, the subjects had assisted more or less in the care of the sick in the infected district. These cases were of the middle or mildest grade, and the disease was not communicated from them to others. Those who spent only part of the time with the sick were affected much less, provided the balance was passed in parts not visited with the disease. Those who washed the clothes used about the sick, or devoted all their time with them, were most exposed.

Another fact is worthy of mention. The persons who worked in the mill until the potatoes that did not rot were all converted into starch, were not subjects of the disease, unless they spent their time when not at work, in the infected district. There were a number of families residing within a few rods of the mill, who were untouched. We may infer from this, that miasm, to produce any effect upon the health, should be diffused to a certain extent through the atmosphere. That this idea is correct will be shown by other facts.

In three cases only, post mortem examinations were made.

The first was in that of the young lady first mentioned. There were ulcerations through the whole extent of the intestines, from the duodenum to the rectum, the deepest being in the small intestines. The ulcerated patches were from the diameter of two lines, to that of a pin head. The intestines were found filled with black blood, and before death some quarts had passed off. She might be said to have died of hæmorrhage, as the other symptoms had not been particularly unfavorable. She, it will be remembered, died in December, 1846.

The second was in the case of a little girl, four years of age, who died in the Fall of 1848. She had had whooping-cough for two or three weeks at the time the fever set in, and her death was caused by congestion of the brain. The brain was filled with blood and the lungs also were considerably congested. The mucous membrane of the small intestine was inflamed to a considerable extent. There were small elevated spots upon the internal surface of the bowels, which were of a bright red. This case was an interesting one, from the fact that we had an opportunity of examining the condition of the entire mucous membrane at an early stage of the disease, which we could seldom have done, as the fever was not a sufficient cause to produce death. There was much more disease than any external signs indicated, from which we might infer that in all cases there was inflammation to a greater or less extent.

The third case was that of a young man twenty-two years of age, who died in the autumn of 1847. He had resided during the summer in St. Joseph's County, and had suffered while there from a remittent fever. At the time he was attacked with continued fever, he had not recovered from his former sickness, but was able to be about the streets. He was not as sick to appearance as many others had been who recovered. He died on the 22d day from the time of attack.

Half-an-hour before his death, he asked to be helped into a chair, was cheerful, spoke of his hopes of recovery, and took some food. He very soon complained of a severe pain in the abdomen, and a deathly faintness. Stimulants were administered, but he soon sunk and died in the chair. In this case there were extensive ulcerations of the small intestines, throughout the whole extent, about a foot of the illeum was gangrenous, with perforations in two or three places, the largest of which was an inch and a half in length. The intestines were diseased through the whole length to some degree, presenting a livid appearance, and considerable effusion had taken place in the abdominal cavity. He had strength enough to walk across the room within five days of his death.

In the Dr's. treatment of the disease, we find nothing peculiar, except that it was such as would have been pursued by most judicious practitioners. The communication concludes with the following paragraphs.

In reviewing the phenomena manifested in this endemic, we find some facts not hitherto mentioned that are interesting. One is, that miasm will follow the course of streams, or the lowest places in the land. The smell from the pile of potatoes was very distinct along the course of the stream and ravine mentioned; whereas, in other directions and localities it was hardly noticed.

Another fact was, that the disease was most prevalent in those parts upon which the wind blew most constant at the time.

Another still may be mentioned. It was found that the pulse of persons in health who had resided in the infected district, was increased in frequency; in more than one instance being one hundred in a minute. From this it seems that there was a general predisposition to the disease, though not developed in every case.

A variety of causes operated to change the predisposition to the disease itself; and those who were most with the sick, and who violated to the greatest degree the laws of health, were its subjects.

*Binocular Microscope.*—At a meeting of the Physico-Medical Society of New Orleans, on Saturday evening, 2d October, Prof. J. L. Riddell called the attention of the Society to an instrument of his own invention and manufac-

ture, which promises to be of incalculable advantage in microscopic researches, especially in the prosecution of microscopic anatomy and physiology.

He remarked, that he, last year, contrived, and had lately constructed and used, a combination of glass prisms, to render both eyes serviceable in microscopic observation. The plan is essentially as follows:—

Behind the objective, and as near thereto as practicable, the light is equally divided, and bent at right angles and made to travel in opposite directions, by means of two rectangular prisms, which are in contact by their edges, that are somewhat ground away. The reflected rays are received at a proper distance for binocular vision upon two other rectangular prisms, and again bent at right angles, being thus either completely inverted for an inverted microscope, or restored to their original direction. These outer prisms may be cemented to the inner by means of Canada balsam; or left free to admit of adjustment to suit different observers. Prisms of other form, with due arrangement, may be substituted.

This method proves, according to Prof. Riddell's testimony, equally applicable to every grade of good lenses, from Spencer's best sixteenth to a common three-inch magnifier, with or without oculars or erecting eye-pieces, and with great enhancement of penetrating and defining power. It gives the observer perfectly correct views in length, breadth, and depth, whatever power he may employ; objects are seen holding their true relative positions, and wearing their real shapes. In looking at solid bodies, however, depressions sometimes appear as elevations, and *vice versa*, forming a curious illusion; for instance, a metal spherule may appear like a glass ball silvered on the under side, and the margin of a wafer may seem to ascend from the wafer into the air.

With this instrument the microscopic dissecting knife can be exactly guided. The watch-maker and artist can work under the binocular eyeglass with certainty and satisfaction. In looking at microscopic animal tissues, the single eye may perhaps behold a confused amorphous or nebulous mass, which the pair of eyes instantly shape into delicate superimposed membranes, with intervening spaces, the thickness of which can be correctly estimated. Blood corpuscles, usually seen as flat disks, loom out as oblate spheroids. Prof. R. asserted, in short, that the whole microscopic world could thus be exhibited in a new light, acquiring a ten-fold greater interest, displaying in every phase a perfection of beauty and symmetry indescribable.—*From the New Orleans Med. Journ.*

*Hints on Physical Education.* By James H. Stuart, M. D.—To return to Physical Education. A brief summary will express all our views on this important subject. It need not be objected against any of the propositions that they are impracticable by the poor; for low indeed must that family be which cannot command *all* the conveniences requisite! Persons too poor for that, are too poor to pay any attention to *any* system of education. Let the infant be daily washed with water, beginning at the temperature of about 100° Fahrenheit, and gradually increasing in coldness until at eighteen months or two years it will be found that he can bear ordinary river or pump water with impunity at any season. Let him meanwhile be treated in other respects according to the excellent maxims of Dewees, Condie, etc. At about six years of age, should his health then be moderately good, let him commence in early summer, sleeping with his windows up, and continue to do so thenceforward. Let his couch be a mattrass or other hard bed, and let him be as slightly covered as safety and *comfort* permit. When he commences going to school, which should not be until his seventh or eighth year, (for earlier, he would, if bright, injure himself to *excel*, if dull, to *equal* his schoolmates,) see that his bench has a back, and is sufficiently low to let his feet touch the ground, and that his desk is as high as the middle of his breast. Do not force him to study too long at a time; *he* will see that he does not hurt himself by application while he *is* at it. (Or rather no study *can* be too hard if not prolonged too far.) Do not control his *reasonable* inclinations, but let him drink *no* Coffee, Tea, or liquor; neither use Tobacco in any form. Let him early be taught to walk well, run, leap, wrestle, spar, fence, climb, ride, row, and swim. He should be instructed in fishing, pistol shooting and gunning, if leisure and means for these amusements are at his disposal; and, when old enough, permitted to indulge himself with them as often as he pleases, save in study or work hours. If this is persevered in for a score of years, you will have a *man* such as very few men are now-a-days. His taste and abilities should be consulted about the choice of a common or classical education, and a profession. When he grows up he will then have a business he likes, and devote himself energetically to it, with the prospect of becoming distinguished therein, which no man can be unless he is fond of his occupation. His habits will be founded, and he will be frugal, temperate, hardy, active, and strong.

Girls should be treated on the same plan, with due allowance for the difference of constitutional strength, and the destinies of their sex. But even they should not be exempted from learning to swim and ride.

If these, or similar principles were carried out, for say half a dozen generations, what a difference would be presented in the appearance of our population! Exquisites and "*fine* ladies" would no more be seen. All portions of the community would be useful. Valetudinarians would vanish, for chronic diseases would expire with their last possessors. It would take some time to eradicate hereditary taints of constitution, but we firmly believe they would *ultimately* become extinct, and the world soon present a race of firm, healthy men and women.

> "For baisdly chiels an' clever hizzies
> Are bred in sic a way as this is."

Our profession would then rise in the public estimation. For, the race of Hypochondriacs and "nervous" people being extinct, and the *deluded* consequently wanting, the *deluders* would die of inanition. Thomsonians would no more kill men *actively* by doses of Red Pepper for gastro enteritis—(we "speak that we do know,") nor Homœopathists *passively* by letting them die of neglect, (which also we "do know.") Hydropathists would cease from their murders, and patent medicines, ignorant pretenders, and quacks generally would disappear. Medicine would reach its golden age without the prospect of a brazen one to follow. For, people having once experienced the blessings of health, would take judicious means to continue healthy. The few acute diseases remaining would be easily treated in healthy constitutions. Longevity would increase, and without risk of an over-population; for such a course of training would so subdue the aphrodisiac sense as to reduce the number of conceptions to the proper standard, and thus almost meet Mathers' views without his measures.

We firmly believe that such a time will finally arrive, but only when physicians become sufficiently disinterested to advise and insist on the exercise of common sense. True, it is easier to permit obstinate people to err than to take pains to set them right. Every physician has experienced this. Yet, let us rejoice in knowing that eventually

> "Truth crushed to earth shall rise again;
> The eternal years of God are hers;
> But Error, wounded, writhes in pain,
> And dies among its worshippers."

# Miscellaneous.

*Medical College of Ohio.*—The 33rd session of this institution closed on the 1st inst. The class numbered 151, of whom 49 received the degree of *Doctor of Medicine.* On the evening of the public commencement, the large amphitheatre was densely crowded, and the exercises were received with marked approbation by the audience. Able addresses were delivered by John P. Foote, Esqr., President of the Board of Trustees, and Prof. Edwards, on behalf of the Faculty. The Rev. Mr. Strickland, of the Methodist Church, officiated on the occasion, and opened the exercises with an appropriate prayer.

The following Candidates received the degree of M. D.

| NAMES. | THESES. |
|---|---|
| S. Alexander, Ohio | The Microscope and its application to Medical Science. |
| J. P. Alford, Louisiana | Carbon and its Morbid Influence in the South. |
| C. Betscher, Ohio | Cholera Epidemica. |
| E. P. Birdsong, Ohio | Acute Gastritis. |
| S. M. Buffenbarger, Indiana | Labor. |
| M. T. Carey, Ohio | Medical Topography and Epidemics of Shelby Co., O. |
| J. B. Cline, Ohio | Epidemic Dysentery. |
| H. Cox, Indiana | Intermittent Fever. |
| T. B. Cox, Indiana | Acute Dysentery, |
| T. J. Cronise, Ohio | Counter Irritants. |
| J. B. Cross, Indiana | Dysentery. |
| C. C. Davis, Indiana | Milk Sickness. |
| O. E. Davis, Ohio | Chloroform. |
| C. Disney, Ohio | The Functions of the Liver. |
| J. Q. A. Foster, Kentucky | Spasmodic Asthma. |
| R. E. Fullerton, Louisiana | Amenorrhœa. |
| W. A. Frizell, Ohio | The Circulation of the Blood and its Constituents. |
| R. Gray, Ohio | Cholera Asiatica. |
| R. Griffis, Ohio | Blood-letting. |
| B. F. Hart, Kentucky | Menstruation. |
| G. W. Highlands, Ohio | Inflammation. |
| S. P. Hill, Indiana | The Red Corpuscles of the Blood. |
| M. J. Hormell, Ohio | Typhoid Fever. |
| J. T. Helm, Kentucky | Encephalitis. |
| H. W. Kendall, Ohio | Scrofula. |
| P. Kennedy, Ohio | Acute Pneumonitis. |
| S. W. Kincaid, Kentucky | Enteric Fever. |
| B. B. Leonard, Ohio | Special Epidemics. |
| J. D. McKim, Ohio | Typhoid Fever. |
| A. W. McClure, Ohio | The Use and Abuse of Cathartics. |
| T. W. McArthur, Ohio | Spermatorrhœa. |

J. V. Malone, Illinois—Intermittent Fever.
J. L. Morrow, Ohio—Concussion and Compression of the Brain.
W. A. Olcott, Indiana—Plethora.
J. Q. Oliver, Ohio—Epidemics.
A. S. Patrick, Virginia—Etiology.
W. S. Patterson Ohio—Angina Pectoris.
H. S. Rawlings, Kentucky—Puerperal Convulsions.
A. C. Shuey, Ohio—Nutrition.
J. F. Smith, Kentucky—Pneumonia.
W. H. Simmons, Ohio—The Stomach and Indigestion.
J. C. Sparks, Ohio—Hæmoptysis.
P. W. Spoonse, Kentucky—Trismus Nascentium.
E. A. Stockton, Ohio—Authority in Medicine.
J. C. Sunderland, Indiana—Dysentery.
E. J. Tichenor, Ohio—Typhoid Fever.
L. D. Waterman, Ohio—The Strumous Diathesis.
M. Wilkerson, Ohio—Erysipelatous Inflammation.
J. L. Woodward, Ohio—Epilepsy.
Total—39.

At the same time, the *Ad Eundem* degree was conferred on G. W. Boerstler, M. D., of Lancaster, Ohio.

We feel it our previlege to say that the Session was a highly prosperous one; the pupils were remarkable for their intelligence and devotion to their studies, and the most agreeable relations were sustained between them and the Faculty. We have witnessed no instance in which a class has manifested more entire satisfaction; and we may be permitted to add, that the successful results of this session, afford the strongest assurances of future prosperity. It affords us pleasure to state, also, that the present Faculty will remain in the school, and that the present arrangements will continue unchanged.

For the information of those not familiar with the organization of the school, we append a list of the Faculty.

J. Cobb, M. D., Professor of Anatomy and Physiology.

John Locke, M. D., Professor of Chemistry and Pharmacy.

T. O. Edwards, M.D., Professor of Materia Medica and Therapeutics, and Medical Jurisprudence.

H. W. Baxley, M. D., Professor of Surgery and Surgical Anatomy.

Landon Rives, M. D. Professor of Obstetrics and the diseases of Women and Children.

L. M. Lawson, M. D., Professor of Pathology and the Practice of Medicine.

The regular session commences on the first Monday in November. Fees to a full course of lectures, $90,00.

*American Medical Association—Sixth Annual Meeting—Transactions of the Fifth Meeting.*—The Sixth Annual Meeting of this Association will be held at the city of New York, on Tuesday, May 3d, 1852.

The Secretaries of all Societies, and other bodies entitled to presentation in this Association, are requested to forward to the undersigned a correct list of their respective delegations as soon as they may be appointed; and it is desired by the Committee of Arrangements that these appointments be made at as early a period as possible.

The follwing is an extract from Article II. of the Constitution:

"Each local society shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for each additional fraction of more than half this number. The faculty of every regularly constituted medical college or chartered school of medicine shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing a hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate."

(EDWARD L. BEADLE.)
*One of the Secretaries of the Am. Med. Assoc.*
42 Bleecker street, New York.

The medical press of the United States is respectfully requested to copy the above.

We are happy to acknowledge the arrival of the *transactions* of the last meeting. The book has reached us early enough to be *announced* prior to the *next* meeting. The Committee of publication make the usual apology for delay, and we do not feel called on to censure them for any supposed delinquency; but we are clearly of opinion that the Association should, in the future, adopt some measure by which its *transactions* can reach the profession at an earlier day. We shall notice the contents of the book at some future period.

*Preparatory School of Medicine.*—We have received a circular from the "New York Preparatory School of Medicine," from which we learn that an institution bearing the above title is about going into operation in the city of New York. Its object is to prepare students, thoroughly, for gra-

duation in the regular Colleges. The year will be divided in to two terms,—the first, including the spring and summer months, will be spent in lectures, and the second embracing the time of the college lectures, will be occupied in examinations on the subjects taught by different Professors.

We are disposed to regard this enterprise with great favor; for while it will much enhance the facilities of students for acquiring preliminary qualifications it will in like proportion elevate the standard of medical education.

THE RE-PRINTS.

The *London Lancet*, re-published by Stringer and Townsend, N. Y.

The *British and Foreign Medico-Chirurgical Review*, re-published by S. & S. W. Wood, N. Y.

These re-prints are too well known to the profession to require comment.

*The Ohio State Medical Society.*—It will be remembered by the profession, that the above Society meets in Dayton, on the first Tuesday in June next. We need say nothing to our readers of its importance, for every one is aware that it is calculated to do much for the improvement of our profession, and should be well sustained.

By a reference to the proceedings of the Montgomery County Medical Society, it will be seen that a novel proposition has been made, and we presume adopted, to give to the State Society two medals, in lieu of the usual *entertainment.* We most cordially approve of the suggestion, and hope our friends of Dayton will adhere to the proposed arrangement. Every reflecting member of the State Society must feel that the *medals* will be of infinitely more importance in promoting the cause of science than the most luminous entertainment for the gratification of the "union men."

*Summer Heat of* 1852—The following list shows the average heats at the under-mentioned places during the summer of 1852. It is taken from a statement at Bennet's thermometer manufacturer, Cheapside, London:—(Calcutta and East Indies, 82 degrees; Jamaica and West Indies, 81; Turkey, Egypt, and China, 85; Tunis, Pelermo, and Bermuda, 83; Lisbon, Naples, and Madrid, 77; Venice and Milan, 73; Australia, 68 and 78; England, from July 5th to the 29th, 91.

*Midwives.*—[The following opinion in relation to the qualifications of Midwifes, will apply, probally, to nearly *all* those of the United States. We never had the good fortune to meet with over *one* at all qualified.]

An inquest has been held lately, at Newton Abbot, on the body of Eliza Lake deceased, in the Union House, from flooding after parturition. She had been attended by a midwife, who, although apparently able to manage an ordinary case of labor, was not competent to treat the complication of *post-partum* flooding, and probably was not aware of the causes that induce it. When the surgeon, who was ultimately sent for, arrived, he found the woman dying, pulsation having almost ceased. She soon afterwards expired. The jury strongly recommended the guardians of the Union to employ surgeons in future to attend the midwifery cases in the house.

*Medical Profession in Paris.*—The Medical Directory of Paris, published by *L'Union Medicale*, gives the following numbers as to our Parisian brethren. Doctors of Medicine and Surgery, 1337; officiers de sante (an inferior grade,) 179; pharmaciens, 423; midwives, 277. From the first of January, 1851, to 31st of December, 1852, there died in Paris 39 doctors of medicine; in the two previous years 64 had died. In the year just elapsed, 88 new practitioners set up in the capital. This year's list contains 15 medical men less than the last. The Directory also gives the numbers in the districts surrounding Paris, and from these statements it would appear that there is a great disproportion between doctors and patients. There are in fact less than 500 inhabitants for one medical man; and when it is considered how many of these apply to public institutions, very little is left for individual practitioners. *L'Union Medicale* warns young men from settling in Paris as the exuberance of professional men is enormous.

*Ink for the Million.*—Under the above head, we find the following directions for making ink. We have tried it, and therefore, can recommend it.

℞. 12 oz. avordi. ext. Logwood,
½ oz " Bichromate Potash,
5 gal. water—

Dissolve the ingredients separately in water, and mix them together, and in a short time the ink will be fit for use."—*Southern Medical and Surgical Journal.*

*Correction.*—An important typographical error occurred in Dr. Dawson's report of the Proceedings of the Clark County Medical Society. On p. 163, last paragraph of the article, read *strumous* instead of "stomach."

*An Infallible Remedy.*—"The Pen and Pencil" projects a bomb into Quackdom in this manner.

"The very greatest achievement of this inventive age, in the medical line, is Dr. Spluclunberg's 'Rodamontum Sublimated Haumaturgium Preternatural Panacea.' This inestimable fluid is not only a most efficacious remedy for every class of disease, external and internal, from a broken neck down to a sore toe, but is also the best *furniture polish* in the world, making white-pine tables and poplar bed steads look exactly like the best mahogany. As a liquid blacking for boots and shoes, its merits are universally acknowledged, and it is well-known, that chickens, with whose food it is mixed, become surprisingly fat and tender. For cleansing tin-ware and pewter, it is perfectly unrivalled, and when mixed with brick-dust, it forms a cheap and beautiful red paint—besides being a very palatable and wholesome fish-sauce, and an excellent substitute for brewer's yeast in making beer-cakes."

*Deaths.*—Died, in London, Jan. 20th, Jonathan Pareira, M. D., aged 49. Dr. Pareira was the well-known author of the great English work on *Materia Medica*; and a work on *Food and Diet*. Few physicians have died more sincerely regretted.

*Death of Dr. George Gregory.*—This well-known physician died on the 25th instant, of disease of the heart. He had suffered for sometime past, occasionally from this affection, and latterly was the subject of dropsy. Dr. Gregory held the office of physician to the Small-Pox Hospital for many years, and had paid much attention to that disease. His views, however, in respect to vaccination were by no means settled, and of late had given rise to much controversy. He published an excellent elementary work on the "Practice of Physic," which had reached the sixth edition, and was in much request amongst students and junior practitioners. His work on "The Exanthemata" did not obtain the same amount of favor as his other works.

# Western Lancet.

EDITED BY

L. M. LAWSON, M. D.,

PROFESSOR OF PATHOLOGY AND THE PRACTICE OF MEDICINE IN THE MEDICAL COLLEGE OF OHIO.

AND

T. WOOD, M. D.

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THE SUCCESSFUL PROPAGATION OF MEDICAL DELUSIONS, has ever been a cause of surprise to the reflecting portion of mankind. With the admission that there *is* a science of medicine, true in its essential doctrines and rules of practice, it will assuredly produce surprise in every reflecting mind, that any *false* system could by any possible devise, gain even a temporary notoriety. For if there be a system in any tolerably degree competent to meet the exigences of disease and accident, a mode of practice less efficient must, by broad and overwhelming contrast, become its own destroyer; and thus the conflict between truth and falsehood, when submitted to the death-like ordeal of practical demonstration, would seem necessarily brief in duration and certain in result.

Metaphysically, these opinions become postulates too clear to admit of doubt or misapprehension; but in the every day scenes of real life, these assumptions which are based on supposed human wisdom and ability to detect error, are not sustained by the actual results. No one will doubt the existence of a medical science, perfect as the frailties and imperfections of human wis-

dom can attain; and yet it is but too apparent that medical delusions *do* exist, and that they compete, in no insignificate manner, with true and legitimate science. This being true, there must be potent and persistent causes for the sustenance of error, and some very efficient and well managed means by which individuals and communities can be so successfully deluded.

There are two separate and distinct classes of quackery which serve to impose on the credulous and unsuspecting. One is presented in the form of nostrums, and the other in so-called *systems* of practice. Each one has its own special and peculiar machinery by which success is attained, and each has a particular element in the human character on which it feeds.

The open, impudent and unblushing *nostrum* vender, strikes reason dumb, and literally overwhelms all opposition by the most extravagant boastfulness, and unlimited promises to cure, in each, every, and *all* cases. *None need despair.* The hectic cheek of the dying consumptive is made to glow with hope, and the slow corroding cancer forms no impediment to *promises* to cure. It is a perfect *bomb-shell-system.* It comes like a clap of thunder from an unclouded sky, and startles even the most careful and profound. And no matter for results. Dr. Bang's dead-shot pills may fail to cure; but then the next paper contains indubitable evidence that Mr. Silversides' Cure-all Syrup *never fails* And so it begins and ends. Broad and positive assertions, unconditional promises to cure, and the rapid success of one crop after another, constitute the elements of success in the *nostrum venders.*

So of nostrums—what, then of the *system monger?* *His* course is quite different. He does not, like the nostrum tactician, throw in a single starting and stunning shot, but he proclaims a *revolution*—an entire change—something new, beautiful and true, altogether unlike that which it is to supplant. The magic term *reform* is made to ring its ten thousands changes; and by *contrast* and specious pretences, a new and glorious *system* based on the eternal truths of nature, is flauntingly thrown out on the popular breeze. Poor human nature *will* catch at glittering toys and specious promises. It is a part of us, which it were wiser to deplore than deny.

But it will be said, why do these *systems* succeed? If false, surely the light of truth must soon dispel the darkness of error

fess the original Hahnemannic doctrines, while a majority use sensible doses. Whenever a violent disease is encountered, we doubt not they employ medicines in doses sufficient to produce a decided impression.

Now in all this we are taught clearly enough this important fact: that no system of medicine, or pretended *reformation*, however complete its first divergence from the regular practice, has ever been able to maintain a hold on the confidence of the public, except by an assumption of those very principles which it had sought to subvert. Thomsonianism could not live, except by a return towards the regular practice; and the Homœopathic system is compelled to depart, in actual practice, from the declared doctrines of the founder of the sect. No illustration of the truth and permanency of our system could be more conclusive, and nothing more clearly establish the duplicity and falsehood of quackery. We are here furnished with the reason why *false* systems may succeed: it is by a great outcry against the established practice, an appeal to the prejudices of the populace, and then, when the public attention has been diverted and fixed by a novelty, the masters of ceremony quietly and stealthily, under cover of the smoke and fog they have raised, return and steal the weapons of true science. Dishonesty and cunning can accomplish much in deceiving those not competent to judge, and can establish the vilest falsehoods as profound truths.

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# Original Lectures, Essays & Communications.

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*Clinical Examination of the Urine. A Paper read before the Cincinnati Medical Society, Feb. 1st.*, 1853. By the President, John Locke, M. D., Prof. of Chemistry and Pharmacy, in the Medical College of Ohio. And Published by request of the Society.

*Gentlemen of the Cincinnati Medical Society:*

In taking the seat with which your partiality has honored me, a seat to which I neither aspired nor thought myself qualified to occupy, it would be inconsistent with the emotions which I feel, not to make my acknowledgements for the distinction which you have, as I am informed, unanimously conferred upon me. I cannot but feel that it were more

fitting that some practicioner, learned in authorities, and learned in the experience of years, and at the same time familiar with the minutiæ of the varyfing epidemics of daily practice, such men, indeed, as I see are by no means wanting in this body, were placed at the head of this society. Indeed, gentlemen, permit me to allude to what you all know and feel that we can scarcely expect to find, a better model than my very gentlemanly predecessor in office.*

Be assured that I hold the office at your daily pleasure, and will leave it quietly and willingly, whenever I know that there is a single dissenting emotion.

My devotion is to physical science, but I so strongly approve of the course of professional improvement which this society has pursued, that I shall abstain from any movement inclining to change its direction. *A society for mutual improvement in the knowledge and practice of the profession of Medicine*, seems to be the acknowledged motto, and while you confine yourselves to this, you cannot go wrong. The world is full of persecution and violence, and it is hardly possible not to take the part of which we conceive to be the injured party. But those wrongs in the professional world, get righted by a little time and patience, and although as individuals we have the right of following the dictates of our judgment and feelings with regard to professional injuries yet as a society it seems to me better in our official action to *avoid being used*, by even the injured. Let us remember that we are not a court of honor for the settling of professional difficulties, a species of Quixotism which would soon destroy itself without rendering any service to human happiness. Almost every meeting which I have attended has been a model, and the quiet, yet able manner in which medical subjects have been discussed has reflected honor upon our members, and has lighted up their countenances with an expression of happiness growing out of conscious improvement. They have evidently felt themselves becoming wiser and happier. How interesting it has been to see the profession come together, to confess their sins in cases in which they have failed of success, and to make common stock of the knowledge of the means by which they have been successful in relieving distress and lengthening life! How interesting it has been to see the young practitioner come forward, state a case and the difficulties, and ask for instruction, and how prompt is that instruction afforded by the

*Dr. Richards.

veterans of our city. One is inclined to ask, is it possible that all this is done in the meridian of Cincinnati, that city in which the profession are supposed to be so hostile to each other? Permit me to congratulate the society and say to you go on in your good works. Could the community see and know what you are doing without your parading it ostentatiously, it would tend to restore that confidence, which I much fear, has been lost, not without some just cause. By industry and true professional worth you will overthrow charlatanry without making the least demonstration of our attack upon its representatives.

Permit me to change my subject from that of Natural History, as proposed, to one more intimately connected with the parctice of medicine. The diagnosis of diseases by the clinical examination of urine.

I present this subject, not because I am master of it, but for the two reasons, that it has been so much improved, of late, that it presents itself almost as a new branch of knowledge, and because it is neglected by the profession though not entirely; for one of our members, Dr. Buckner, alluded to some very properly conducted experiments, at our last, very interesting meeting. Our means of diagnosis of disease, are too limited at best, and even the means which actually exist, are often so partially used, that the most grave errors are committed, both with regard to the nature and the locality of disease. Our secretary mentioned to me this morning, the case of a lady, who had been treated for pleurisy, when the passage of a large number of gall-stones showed the disease to have been hepatic. I myself knew a man to have been treated through a lingering decline, for disease of the heart; when on the post mortem, it appeared that his heart and lungs were sound, but I took 96 large gall stones from the gall bladder, one being lodged in the duct, entirely obstructing it, the bladder itself being distended with bile, and the whole body deeply tinged by the same substance. Cases of error in diagnosis are so numerous, that it is useless to begin to enumerate them. Every practitioner has read the tales which have been told by post-mortem revelations. Many, very many physicians make a very hasty and imperfect examination of their patients, doing little more than feeling the pulse and looking at the tongue, things which he does so mechanically, that he would not be unlikely to do them if called to a patient who had merely "got a flea in her ear." A mathematician applies his formulæ so skillfully that when he has reduced a problem,

he comes to an exact and perfect result. But what physician can see disease in its true and exact forms, through the dark and imperfect medium of diagnostic symptoms. The chemist can analyze a new compound, and can obtain his results with all of the exactitude of which the finest balance is susceptible, but who can rest satisfied with his diagnosis of an obscure case. With the doubting Christian, he must say, "Lord, I believe, help thou mine unbelief."

The fact is, that each case of disease is a problem of research in itself, and calls for a physician to be an acute philosopher, who can apply not only all known means of investigation, but that he shall be skillful in observing all new phenomena, and drawing just conclusions from them. The countenance, expression, color, temperature, dryness, moisture, touch, pulse, auscultation, percussion, local pains, color and appearance of feces; and we may add, color and appearance of the urine, and we may also add, any change of the system from its normal condition, may be used for diagnosis. Many practitioners inspect the fecal discharges, who pay no attention to the urine, likely from a prejudice which they have taken against one of the lowest classes of impostors who pretend to vastly more than can possibly be ascertained from the urine, and at the same time, have no absolute skill to determine what may really be known from that secretion.

In order to be enabled to draw diagnostic conclusions from the condition of the urine, it needs a certain degree of knowledge of i s chemical constituents, at least the proximate constituents, and the simpler modes of experimenting upon the subject.

The first points then, are to know what healthy urine is, and how to ascertain its deviations from what may be considered the latitude of its healthy standard.

In doing this, I must recur to elementary principles, and although the apparatus is of my own modelling, and the descriptions I shall give, are from nature, and direct from personal observation; yet I do not claim for this paper, anything more than an attempt at instructing our society in that which has been in general, already known. We need a work, in which all normal conditions should be pointed out, and at the same time the pathological condition correspondent to them, should be stated and the treatment indicated. No such work exists, except very partially, and I must rest satisfied with trying to make some points of this subject tangible to your senses.

The examination of urine may be divided into several distinct manipulations, as follows:

1. Inspection.
2. Acidity or alkalinity by tests.
3. Specific gravity.
4. Inspection after standing—Mucus, &c.
5. Heat—Albumen.
6. Evaporation.
7. Cooling—Urate of Ammonia.
8. Process for Uria.
9. Process for Uric acid.
10. Examination for sugar.

1st *Inspection.*—As early as possible after the urine is discharged, it should be inspected by being held up in a clear glass vial or beaker* between the eye and the light of a window. In health, it should be clear of any solid material and of a light amber color.

2d *Acidity or Alkalinity by tests.*—The state of the urine as regards free acidity, can be determined by means of litimus paper. This paper may be prepared in the following manner:

Having purchased some solid litmus, 4 drachms to an ounce, dissolve it in distilled water, boiling if necessary, in a Florence-flask. Place the blue liquid thus obtained, in a common saucer, and having prepared ribbons of white filtering paper, or any clean white bibulous paper, (printing paper will answer,) about three-fourths of an inch wide, draw them skillfully through the liquid and lay them on a frame of sticks or netting of twine stretched over a frame, in order to dry them. If the color be not deep enough, repeat the process of dipping and drying. Take a part of these blue test papers, thus prepared, and dip them into a solution of acid made as weak as possible to change the blue to an evident red. A few drops of vinegar in a half pint of distilled water, may be tried, and the acidity increased if necessary, to accomplish the purpose. As acetic acid is volatile, a single drop of sulphuric acid in half a pint to a pint of water may be substituted. These reddened papers when dried, are to be preserved as tests for alkalinity, while the blue papers are to be used as tests for acidity. If on dipping the end of the blue paper into the urine, it is reddened, the urine is determined to be *acid.* If no change is affected on the blue paper, then the reddened paper is to be inserted in the same manner, when, if the red

*A tumbler or similar glass.

color be changed back again to blue, the urine must be pronounced *alkaline*. If no change is effected on either of the papers, the urine is neither alkaline nor acid, under which circumstances, it is termed *neutral*.

The acidity of the urine, even in health, is continually varying, and its changes have a connexion with the condition of the stomach. Dr. Bence Jones says: "I found that the urine, passed the longest after food, is the most acid."

The general law to which the results obtained by Dr. Jones seem to point is,—that as acidity is entering into the stomach to perform the work of digestion, the acidity of the urine is diminished, and sometimes, even, alkalinity is produced; but digestion being performed, and the necessity of acid in the stomach ceasing, the acid is then carried off by the kidneys, and shows itself in the urine. *Almost always, the urine in health is positively acid*, and is merely reduced to a minimum of acidity during digestion, without reaching alkalinity.

*Caution.*—Practitioners who have got a very slight idea of urinary pathology, are apt to infer, that whenever the urine is acid, they must administer alkalies, and whenever it is alkaline, they must give acids. This erroneous idea might lead them to change their treatment of the same patient six times in one day, while he was at the same time in a state of continued and perfect health. I refer the reader to Dr. H. B. Jones's "Lectures on Animal Chemistry, in its application to stomach and renal diseases," for the method of determining the *degree* or *quantity* of acidity in the urine, in any given case; this being done on the general principle of measuring the quantity of alkali (carb. soda) found necessary to bring a given quantity of urine, to a state of neutrality.

By means of the test papers above described, the operator may determine whether the alkalinity of a specimen of urine, be due to fixed, or to the volatile alkali. When the volatile alkali is present, the blue color restored to the red paper, will disappear on drying and warming the paper so as to expel the ammonia which has changed it. This distinction is important in diagnosis and practice. If the urine be alkaline, by fixed alkali, mineral acids, and tonics have the best effect. But if carbonate of ammonia be found in the urine, *as it is discharged* inflammation of the mucus membrane may be inferred.

*3d. The specific gravity* of urine, is an element of great importance in pathology; and as it is easily obtained, it should

scarcely be omitted. The most ready way of obtaining the specific gravity, is by an instrument made especially for the purpose, called the Urinometer. This instrument can be obtained of Mr. Foster, Optician and Phil. Inst. Maker, on Walnut street, between Third and Fourth streets, Cincinnati, at the price of about one dollar, in a wooden case suitable for the pocket It is made of glass, and is only a modification of the common hydrometer. It is to be dropped into the urine after it is perfectly cold, (60° is the best temperature,) and the point on the scale of the stem, to which it sinks, indicates the specific gravity. The scale is graduated from zero, (0) indicating pure water, upward to 60, and is figured at every 10 degrees, as 0, 10, 20, 30, &c. But these readings are understood to have 1000 prefixed to them as follows:—10 implies 1010; 20, 1020, &c. Twenty, viz: 1020, is about the mean standard of health; while 1030 to 1060, indicate the presence of sugar, and that diabetes melitus is the disease to be encountered, still there may be other solid materials in solution in the urine, which will increase the specific gravity to 1030, or upwards. Excess of urea may do this. The specific gravity of urine may be determined by the use of the thousand grain bottle, but not with so much facility as with the urinometer.

*4th Inspection after standing for several hours, say* 12 *to* 24. —In healthy urines there will be a deposit of the mucus from the bladder, which is usually semi-transparent, and appearing like an undefined haze in the lower part of the vessel. The quantity is variable, being increased by the slightest irritation of the bladder, scarcely amounting to disease. This secretion of mucus from the bladder, is in this particular, of variableness, not unlike the mucus secretion from the nose.

By far, the most usual deposit, after several hours, is that of the urate or lithate of ammonia. This appears as an amorphous sediment, varying in color, from nearly white, to a plain drab, reddish brown, or sometimes, rather a bright pink. It can be distinguished from most other deposits, by the facility, with which it dissolves and disappears upon heating, or even warming the urine containing it, which may be accomplished domestically, by means of a spoon held over a candle, or better, in the laboratory, by a watch-glass, held over the spirit lamp, by the iron capsule hereafter described.

This deposit, urate of ammonia, often surpervenes, upon slight disturbances of the stomach, and depends, in general,

on a disproportion between the powers of the stomach, and the food supplied to it. The stomach may be in a healthy condition, but food and drink, excessive in quantity, or unsuitable in quality, may be forced upon it, overtaxing its powers, especially if little exercise be taken at the time; for the food and exercise may be suitable, and at the same time, the stomach may be too weak to complete the digestion. In either case, urate of ammonia will be likely to exist in excess, in the urine. Any condition which calls upon the kidneys to abstract from the system an excess of nitrogonized material, may develope urate of ammonia. Hence, a slight check of perspiration, by stopping the cutaneous outlet of nitrogenized matter, and throwing it upon the kidneys, is often followed by excessive deposites of urate of ammonia*. As urate of ammonia and urate of soda both contain, of course, uric or lethic acid, they are included by Dr. Bird, under the head of the uric acid diathesis. As urate of ammonia is the most common of the urinary deposits, so it is that concerning which, most errors are committed by practitioners.

When it is light-colored, it is not unfrequently mistaken for pus, and especially when the urine is discharged, as sometimes happens, loaded, almost thick with this deposit. From pus it is immediately distinguished by its solubility by heat. When of a red color, it is mistaken for the "lateritious sediment," "red sand," or uric acid. From this also, it is distinguished by its solubility by heat. Lithic acid crystals sometimes accompany urate of ammonia, and when this is the case, those crystals can be seen by dissolving the cloud of urate of ammonia by heat, or by allowing the red sand to settle to the bottom, which it naturally does, and decanting carefully the other deposites, proceed to wash the crystals with water; allowing them to settle at each washing, and decanting the fluid, carefully preserving the sediment. The term "brickdust sediment," gives a wrong idea of the crystals of uric acid, except as regards color. "Red sand," is a better term, for like sand, it is heavy, gritty and insoluble; but unlike sand, the grains are mostly elongated, sharp pointed, spicular crystals, the form of which can be seen by the naked eye, or by a single lens of 2 inch focus.

A popular error in practice is, that whenever there is a deposite of urate of ammonia, the practitioner proceeds to administer alkaline remedies.

With regard to the use of alkaline remedies, the language

*See Dr. Golding Bird's Treatise on Urinary Deposits; section 139.

of Dr. H. B. Jones is singularly clear and forcible.* I quote his remarks entire:

"The first test to be used is litmus paper. The question you ask, is—what is the state as regards ascidity—not as regards the quality only, but as to the quantity? Is it too much, or too little acid? Litmus paper cannot fully answer this question. It can tell whether the urine is ammonical, or alkaline from fixed alkali, or contains little or much acid, but it cannot tell whether the acidity is more than it should be. Simple inspection of the urine, is able to solve this question and that better than any other mode, whatever. There cannot be an excess of free acid in the urine, without the uric acid being set free; though this often requires many hours to crystalise out. If then, you wish to know if the urine is too acid, you must leave the vial to rest for twenty-four, and sometimes ninety-six hours; and, if there be too much acid, red crystals of uric acid will be distinctly seen adhering to its sides, or deposited. The microscope may tell you quicker, but it will not tell you more surely than the naked eye. Whatever the degree of the reddening of the litmus, or the amount of the urate of ammonia sediment, you cannot, with truth, speak positively, of an excess of acid being present, unless you see uric acid crystals; and *it is only when free acid is present, in the urine, that alkaline remedies are absolutely necessary.*"

Instead of giving alkaline remedies for the appearance of urate of ammonia in the urine, it would be more rational to consider the cause of this deposit, excess of nitrogenized matter in the blood, and remove it. If it be from indolence and excess of animal food, enjoin exercise and temperance; if from dyspepsia, apply the proper remedy; if from fever or inflammation, in which the nitrogenized tissues are being absorbed, and carried out of the system by the kidneys, cure the fever.

*Pus.*—Purulent matter, besides being distinguished from urate of ammonia, by insolubility, by heating the urine in which it is found, is still further identified by allowing it to subside, decanting the supernatent urine, and heating, it when some degree of coagulation will ensue. The sediment, the supposed pus itself, is to be treated with a solution of caustic potasa, which will dissolve it into a transparant *ropy* fluid.

*Phosphates.*—The earthy phosphates, when present as a sediment, are insoluble by heat, but are soluble in ascetic or nitric acid.

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*A fine specimen of Didactic style.

*Blood Globules.*—These, when fresh, are distinguished by their red color, and by their form, as seen under the microscope. Sometimes it is necessary to allow them to settle into a stratum before their character can be well determined. Hematuria points either to Bright's disease, or to calculi in the kidney, yet it is obvious that ulceration or accidental lesion of any parts of the urinary passages may lead to a discharge of blood, and the diagnosis must be made up from all the circumstances of the case.

MICROSCOPIC.

*Spermatazoa.*—Their detection requires a microscope with an acromatic lens, with a focus not more than one-eighth of an inch in length.

*Oxalate of Lime.*—Oxalate of lime crystals, indicative of oxaluria, are found mostly in the form of minute microscopic octohedra* at the bottom of the vessel in which the urine has been sometime standing. These crystals may be simulated by octohedral or cubical crystals of muriate of soda. But the distinction is readily made by transferring the crystals to water, where the muriate of soda is immediately dissolved, while the crystals of oxalate of lime are quite insoluble.

*5th. Heat—Albumen*—Itis presumed that albuminous urine is seldom or never so highly charged with the material as to be viscid like the white of an egg, or even the serum of the blood. Albumen in urine is coagulated either by heat or by nitric acid. To avoid certain falacies, the operator should repeat the experiment with each of these agents. The albumen may vary in quantity, from that which produces by heat, a mere opalescence to that which causes a solidification approaching the consistence of hard boiled white of egg. Albuminous urine is a characteristic of Bright's disease of the kidneys, but it may occur in other diseases, especially if it be accompanied by pus.

*6th. Evaporation.*—Urea.—If urine is to be evaporated for the purpose of procuring the urea, the process should be conducted over a water-bath, never allowing it to boil. The tin capsules described in this paper, containing about 1,000 grs. of urine, and placed over the water-bath of the little furnace, answer well for heating and concentrating urine, but they should never be used where acid re-agents are to be applied. When this is to be done, the material should be first transferred to glass, as into a watch crystal.

*An octohedron is a solid of 8 sides, being two four-sided pyramids, united base and base.

The chief object of concentrating the urine, is for the purpose of ascertaining the quantity of urea. If the urine have a high specific gravity, it should be evaporated to about one-half its bulk; if it be watery, and of low specific gravity, it should be concentrated still further. If on cooling, there be much sediment, it should be filtered through thin muslin. To the clear liquid thus obtained, add, when cold, about one-third of its bulk, of pure nitric acid, which answers best, if it be white, and clear of red fumes, at the same time stirring the mixture with a glass rod, or a splinter of window-glass. If possible, the liquid should be made ice cold, after this mixture. The nitrate of urea will crystalize in minute pearly scales, sometimes clustering themselves in granules. I generally conduct this process in a large watch-glass, standing on a piece of ice. After a sufficient time has been allowed for cooling and for perfect crystalization, the superabundant liquid may be decanted, using a strip of glass to restrain the crystals from running off. After this draining, the crystals may be thrown upon a piece of filtering or blotting paper, laid on window-glass, cooled by ice underneath, and be again more completely drained, by inclining the plate. It should be finally dried, by enfolding it in blotting paper, and pressing it closely. All of these operations should be concluded rapidly, with strict attention to keeping the materials ice cold, otherwise the crystals of nitrate of urea will vanish by solution.* It is best not to evaporate the urine more than from one-half to one-third the bulk, or the nitrate will be highly colored. In order to obtain this nitrate as white as possible, it should be washed by a small quantity of *ice cold* water, after draining, and before enfolding in the absorbent paper. Thus procured, nitrate of urea is a beautiful article, almost white, and with so high a pearly lustre, as to approach a silver bronze. The crystals are in minute scales, and when pressed in a thin layer upon paper, exhibit a softened or selenite metalic lustre. If the *quantity* of the urea be sought after, the nitrate should be dried in a moderately warm place, and weighed; allowing 48 parts of pure urea, to every hundred parts of the nitrate.† But no attempt should be made to dry the nitrate by a heat stronger than can be borne by the hand, without pain. If it should be desirable to procure the pure urea, add carbonate of potassa to the nitrate, and decompose it, forming nitrate of potassa, and freeing the urea, which may be dissolved out by hot alcohol.

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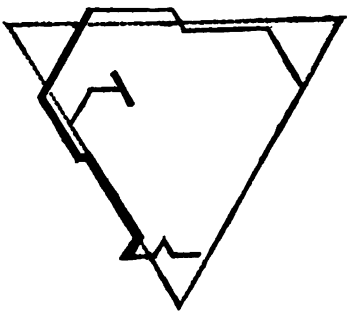
*Cold well-water may be substituted for the ice. †Dr. Bird.

The alcohol being evaporated, the urea will remain in lustrous silky crystals.

Mr. Alexander, now an M. D., of the Medical College of Ohio, then a pupil of Prof. Lawson, after receiving instructions in the manipulations, succeeded in procuring several fine specimen results in the analysis of urine. Amongst other things, he showed me some superior crystals of nitrate of urea, one of which, under the microscope, was so instructive in reference to the crystalization of that substance, that I immediately made a sketch of it. The outlines of this crystal are all parallel to the sides of an equilateral triangle. The crystal itself, is an irregular hexagon, but with every angle either 60° or 120°, and although the lines which formed the figure, are 14 in number, they have only three directions. See the figure below.



CRYSTAL OF NITRATE OF UREA.

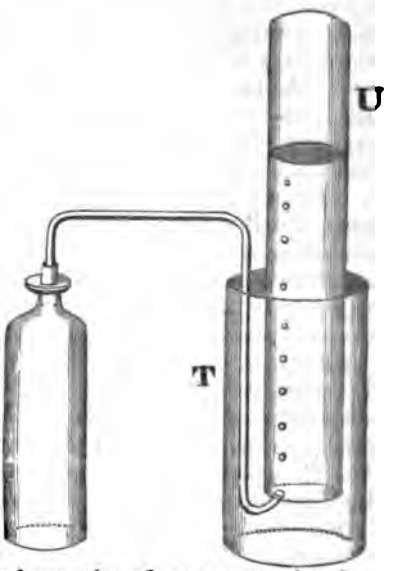
*9th. Process for Uric Acid.*—The quantity of uric acid in human urine is comparatively small, usually not over one part in a thousand. Gently warm about an ounce of urine pour, it into a conical wine-glass, in which a few drops of muriatic acid have been previously placed." In twelve to 24 hours, very small brown crystals will be seen floating on the surface, resting on the sides, and settling to the bottom of the glass. By dexterous agitation these may all be collected at the bottom, as a mass of red sand, and the supernatant liquid may be decanted, and the crystals may be washed by adding water, agitating, and allowing a little time for subsidence, when the water may be decanted. A drop of the water, containing these crystals, should be placed on a slip of glass, or in a watch-glass, and examined by the microscope. The acid will then be seen mostly in elongated spiculae, or stars, and sometimes

in square or rhombic (diamond-shaped) plates. This acid is the true "red sand" or gravel. Without a microscope, it can be distinguished by its reddish color, its hardness, insolubility, and by its weight, by which 't settles so much like sand, and may be washed so perfectly clean. It is a little more satisfactory to see a larger quantity than is afforded by a wineglass full of urine, and I have often prepared it in a Florence flask, two-thirds full of urine, by adding 30 drops of muriatic acid, mixing thoroughly by agitation, and allowing it to stand two or three days in cool weather, with occasional slight agitation towards the last, in order to collect the crystals at the bottom.

Birds and serpents discharge their urine and their feces by a common orifice, their urine being of a tolerably solid consistency, of a white color, and consisting of urate of ammonia. To procure uric or lithic acid the white urine of a large serpent, the Boa Constrictor for example, is boiled with a solution of potassa until the urate of pottassa is formed, which may afterwards be decomposed by adding muriatic acid, and thus precipitating the uric acid. This, it will be recollected, is the acid which is sometimes precipitated spontaneously in the kidneys or in the bladder, giving rise to what is popularly called, "the gravel," a condition which calls for the administration of alkaline remedies, according to the above quoted passage from Dr. B. Jones.

10. *Examination for Sugar.*—Diabetic urine has usually a high specific gravity, but this may be caused by an excess of urea. Several tests are given, in the standard works on the sul ject, for detecting sugar in urine. After repeating several of the processes given, I am better satisfied with a test perhaps the most ancient, and certainly one of the most simple. I mean the fermentation test. Take a few ounces of the suspected urine, add a little yeast to it and expose it at a temperature between 60 and 100 degreess Ft., in such a manner that if fermentation ensues, and carbonic is evolved, it will be collected. The most simple arrangement, is to fill a long four oz. vial with the urine and the yeast, and inverting it in a sauser, having already a little urine or water in it, support it uprightly, by any convenient means, and leave it exposed to the temperature already named, 60° to 100°. If sugar be present, in about three hours small bubbles will be seen accumulating about the yeast, and they will gradually escape and rise to what is now the upper end of the vial. Authorities say that there will be a cubic inch of carbonic acid gas, evolved, for every grain of sugar in the urine. It is evident

hat in the above arrangement, with the inverted vial, as soon as the gas begins to accumulate, it displaces a portion of the urine into the saucer from which no gas can afterwards be collected. To obviate this, an apparatus may be adopted, consisting of a short bottle, to which a tight cork with a bent tube is adopted, the tube terminating openly under another bottle or small receiver, inverted with its mouth under water in the ordinary manner of collecting gases, as in the annexed figure, in which V, represents the vial containing the urine and the yeast; T, the tumbler or beaker glass, containing water, and U the tube or long vial, as the receiver for the gas generated. The tube U may be supported by corks wedged between it and the tumbler, or by any other convenient means. By this arrangement, the result may be made quantitative by measuring the quantity of carb. acid produced. In my own experiments on urine, to which a weighed quantity of grape sugar has been purposely added, although I have always procured carbonic acid, I have never obtained so much as the authorities have indicated.




*Apparatus Required for the Clinical Examination of Urine.*—In the course of Lectures on Chemistry in the Medical College of Ohio, for the session of 1852 and 3. I was desirous of putting into the hands of the Medical Students such instruments as would enable them to repeat most of the important experiments on urine and blood at their own rooms, where they would be compelled to perform their own manipulations, and thus become masters of the subject. After several trials I devised the following instruments, which answers not only the purpose proposed, but may be used for a great variety of chemical experiments.

1st. A small furnace and water bath. For this purpose an

apparatus already in the market, under the name of the Nurse-lamp, with some new additions, answers well. It is commonly made of tin, and may be had for about 75 cents including the cylinder, the spirit lamp, a steam bath, or water boiler, and a smaller tin vessel to use over the water bath. These are all made of tin, and will answer the purpose when carefully used, but are liable to be unsoldered if the boiler get empty of water, or if the lamp wick gets too high, and the spirit in the lamp gets to boiling, and fills the whole affair with the flame of alcohol. This accident calls upon one to envelope the whole furnace in a wollen cloth, or indeed in any cloth which may be seized at the moment. From the liability to be unsoldered, a nurse lamp, made entirely of copper, brazed together is preferable. Two pieces of additional apparatus sometimes furnished, are also convenient, a little tea kettle about four inches in diameter, and a glass or earthen cup, to be used over the water bath. The dimensions of this nurse lamp, are about eight inches high, and four inches in diameter, with a boiler four inches in diameter at top and three and a half at bottom, three and three-fourth inches deep, having a shallower cup, the evaporator, two and a fourth deep, to fit into it at the top, in order to hold things to be submitted to the water bath heat. The glass or earthen vessel should be similarly shaped, and is used in the same place. These vessels are furnished with a cover like that of a coffee pot, and may be used for making any kind of infusion requiring the heat of the water bath.

The spirit lamp should be two and three fourth inches in diameter, and two inches high, with a wick tube nearly one inch high above the lamp. The door of the cylinder for receiving the lamp should be three inches square. I have omitted to mention, that besides the lamp door in the cylinder, there should be two air holes three-fourth inches in diameter about one and three-fourth inches below the top of the cylinder.

2. Besides these things which are usually furnished with the nurse-lamp, I have added several tin dishes four and one-fourth inches in diameter, and "raised" or rather depressed three-fourths of an inch, like a watch glass or saucer. Indeed each one is an inverted coffee-pot cover without its soldered rim. They are furnished at the tin furnishing stores at 20 cts. per dozen. These are to be used as evaporators over the water bath, where glass or earthen evaporators may be substituted. A neat procelain saucer becomes an elegant evapo-

rating vessel over the boiler of the nurse-lamp. Some of the above tin capsules, may have holes cut through them in the middle, from one to two inches in diameter, when they become holders for large watch crystals to be used over the boiler as evaporating vessels.

3. The Crystal Holder. This is made of Russian sheet iron, and consists of a circular part two and a half inches in diameter, and "raised" or dished by hammering one-fourth of an inch deep, and a handle like a spoon handle two and a half inches long, and about one inch wide made of one and the same piece of iron. The object of this instrument is to be enabled to hold a watch crystal placed in it over a lamp or candle for boiling or evaporating. The watch crystal held naked over a lamp or candle is apt to be broken, but when held in this iron holder it is protected. The bowl or dish of the holder should be a little flatter than the crystal to be held, in order that the crystal may touch in the centre only, thus communicating the heat to the centre, where it is covered by the liquid, and not to the circumference, where it is dry and will become so hot that when the liquid boils up upon it the glass will be broken.

4. The urinometer.

5. The glas tube capable of receiving the urinometer when in use.

6. A small thermometer.

7. Several chemical reagents such as:

Red Litmus paper;
Blue Litmus paper;
Muriatic acid;
Colorless nit. acid;
Caustic potassa.

8. A small accromatic microscope is desirable, but much can be done without it.

As was intimated at the commencement of this paper, it was not my intention to describe the diseases of which the abnormal conditions of the urine are the diagnostic symptoms. My purpose is answered, when I enable the physician to examine the urine in such a manner, as to ascertain with accuracy its characters, and to identify its deposits with scientific discrimination. The Society are referred to the standard works on the practice of medicine, for the pathology and treatment which will be intelligible, *only* when the "clinical examinations" have been properly conducted. I have omitted any remarks on the detection of the common inorganic salts

of the urine, such as the sulphates, muriates, phosphates, &c., of soda, potassa, lime magnesia. These may be exhibited by the usual chemical tests. The whole mass of inorganic salts or the fixed salts of the urine may be obtained altogether by boiling down the urine to dryness, and urging the heat to redness, by which all the organic matters are charred. It is not necessary that the black spongy mass of charcoal should be burned out; for if the charring be complete the salts may be removed by filtering water through the pulverized mass. The clear lixivium yields by evaporation clean white crystaline salts.

Oxaluria is a disease or a symptom of disease so lately discovered, and has been so graphically described by Dr. Bird, that I am tempted to quote the following passage from his work. He says:

"Persons afflicted with the form of the disease referable to this class, are generally remarkably depressed in spirits, and their melancholy aspect has often led me to suspect the presence of oxalic acid in the urine. Sometimes a peculiar lurid greenish hue of the surface has been observed; but more generally the face has the dark and dingy aspect common in some forms of dyspepsia in which the functions of the liver are deranged. They are generally much emaciated, except in slight cases, extremely nervous, and painfully susceptible of external impressions, often hypochondriacal to an extreme degree, and in very many cases labor under the impression that they are about to fall victims to consumption. They complain bitterly of an incapacity of exerting themselves, the slightest exertion bringing on fatigue. In temper they are irritable and excitable. In men, the sexual power is deficient, and often absent, an effect owing probably to the exhaustion produced by the excessive secretion of urea, so common in this affection. A severe and constant pain or sense of weight across the loins is generally a prominent symptom, with often some amount of irritability of the bladder. The mental faculties are but little affected, loss of memory being sometimes present. Well marked dyspeptic feelings are always complained of. Indeed in most of the cases in which I have been consulted, I have been generally told that the patient was ailing, loosing flesh, health and spirits daily; or remaining persistently ill and weak, without any definite or demonstrable cause. The urine is always of high spec. gravity often within the diabetic range, and seldom below 1025 or 1030. This spec. grav. depending upon not only on excess of urea, for the

urine generally crystalizes readily with nit. acid. But upon the existence of an abnormally large proportion of the extractive matters of the secretion. It is invariably acid, often excessively so. The tendency to eruptions of minute furunculi, and even sometimes of large boils is an exceedingly frequent concomitant of the state of urine under consideration, and a striking indication of the depressed state of the general health. In a few cases the patients have been suspected of being phthisical. It is however remarkable that I have yet met with very few cases in which phthisis was present. In very few instances only have I seen the cases terminate in he formation of calculus."

Mental anxiety is mentioned as a cause of oxaluria accompanied by irritability of the bladder, and an increased quantity of urate of ammonia. Lawyers when suffering anxiety about their causes, and studying them intensely are subject to the disease.

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## *Acupuncturation in Dry Mortification of the Foot.* By JAMES SINCLAIR, M. D., Steubenville, Ohio.

On the 20th July, 1840, visited Mrs. Meloyn, then wife of James Meloyn, present Auditor of Jefferson co., Æ. 43, and mother of a large family. Mrs. Meloyn was on a visit in Brooke co., Va., and there took distressing and shooting pains in the right hypochondrium, accompanied by chills. She was brought to Steubenville as proper medical attention was inconvenient to be obtained. On examination, found the right ovarium much swollen; tongue representing an irritable condition of the stomach, being white with red papillæ, dotted through this character of coating; red and glossy edges, and dry and glossy center. Mucilage with farinaceous diet; mustard cataplasms over the stomach, and mild cathartics, rectified the condition of the stomach and bowels; and with hot hop and chamomile fomentations over the swelled ovarium, followed up by the ointment of "Iodide of Lead," applied spread on lint, caused the ovarium tumor to disappear in a few days. My treatment having been successful, and my patient's general health much improved, *without the aid of tonics*—her appetite being equal to all the necessities of life—I left the case on the 7th August, with general directions as to diet and exercise, and was recalled to see her on the 12th of same month, laboring under violent and distressing pains

in the right foot toes, with a sensation of coldness beyond the apparent temperature of the affected parts. Not suspecting what was coming, I treated the symptoms presenting, by hot anodyne applications, appearances giving no indications of "coming events", and despite of all the various anodyne and stimulant applications made, I discovered the toes losing their vitality, and the pain and distress continuing. A furnace was procured with live coals, and over this furnace, night and day, the foot was kept with little or no benefit to the diseased parts, altho' with *some* to the parts not then affected. During this period, my patient was feeble, and her general health suffered much; she had no appetite, although wine, quinine, tinc. of mur. iron, and other tonics were daily tried and changed. On the 27th August, the toes assumed a dark appearance, the skin was much withered; the tarsus near their articulations with the phalanges, became excruciatingly painful, and despite all treatment, the symptoms magnified until the disease was apparent; the toes commenced sloughing, and as they respectively gave up vitality, the pain ceased in those parts, but still continued to increase along the metatarsals. On the 1st Sept., I called into consultation Dr. John Andrews, then and now a gentleman of acknowledged abilities, but without a suggestion that had not been tried. The metacarpal bones pained to about the middle, between the phalanges and carpal articulations, and sloughing was slowly progressing. For the sake of experiment, I pushed steel needles *magnetised*, about one-fourth of an inch above the highest seat of pain, through the integuments, and down to the bones, all around the foot's circumference—left them in two hours, and when the needles were withdrawn, no appearances warranted any impression of excited action. By the following day, slight redness appeared all round the foot, from puncture to puncture, and I saw clearly that the desired object was accomplished, viz: that of inducing a "line of demarcation." Slight inflammation took place above the line of demarcation, which was readily subdued by the cautious application of saturine lotions, and all parts below the punctures sloughed, in four days. On the 5th Sept., I amputated the whole metacarpal bones below the line, without *much pain* and *without hemorrhage;* and with the poultice of flaxseed meal, and brewers yeast, the remaining mortified extremity came away with these applications, leaving a healthy looking surface, which granulated exuberently; and with pressure over the surface of the stump, and a little careful management, in two months,

formed a fine covering for the stump, and my patients gate in walking, was scarcely altered. Tolerably good health succeeded, until 1844, when symptoms of pthisis were apparent, and in 1845 she died of pulmonary consumption.

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## *Epidemics of Garnettsville, Ky., and vicinity, in* 1852.

By H. K. PUSEY, M. D.

*To the Editor of the Western Lancet:*

I wish to place at your disposal a brief account of disease, as it prevailed in the vicinity of Garnettsville, Ky., during the summer and fall of the past year, (1852.) We have had more than ordinary of autumnal fever, diarrhea, some dysentery, and an occasional case of cholera. The simple forms of intermittent and remittent presented nothing worthy of note, more than a tendency on the part of the latter to degenerate into typhoid, in which instance the prognosis was generally unfavorable. But the more prevalent diseases, the account of which I wish to present, were a combination of remittent fever, diarrhea, typhoid and a malignant form of fever, which seemed to be produced by a co-operation of the remote causes of cholera and autumnal fever. On the first day of July, I was called to see M. Tarpley, a patient of Dr. Cruthers, five hours after an attack of cholera. I found him in the stage of collapse, and he died in one hour after my arrival. We were immediately requested to examine and prescribe for five patients who had been attacked with diarrhea the previous night; all of whom had some fever, slight redness of the tongue, griping pains in the bowels, and discharges of a slightly yellowish, muddy appearance. We prescribed hyd. mass, Dovers powder, opi. and tannin in connexion with chalk mixture. Our attention was now directed to an examination for local causes. At the back of the house was observed a pond, partly filled with trash from the wood pile, but containing water in which was growing and decaying vegetable matter in abundance. This house, with several others, was situated in a valley surrounded by elevated land from which there was no avenue of drainage, consequently the vegetable matter washed down from the broken lands, found no outlet, and was exposed in standing water to decomposition. We mention this fact, because there are four or five families living in the above named boundary, all of whom suffered more or less from disease. On the 2d, the above mentioned cases were all

improved; obtained consistent bilious discharges from the bowels, less fever, thirst abated. Left them a pill similar to those on yesterday, to be taken at bed-time. On the 3d we visited them again, and learned that the diarrhea had returned during the night; pulse from 90 to 110, intense thirst, nausea and occasional vomiting, tongue inclined to dryness, red, and morbidly clean; prescribed spirits nitre, morphine, Dovers powder, hyd. c. creta and *ice* ad libitum. 4th. They have all spent a restless night, excepting two little boys, who seem better. Four of them have had from 6 to 10 discharges from the bowels during the night, which were thin, watery and approaching, in appearance, the discharges in typhoid fever; tongue dry and slick; thirst continues unabated; pulse 120 to 140; skin clammy and extremities cool; urine scanty and high colored; tenderness over the pit of the stomach, and some meteorism.

5th. The symptoms continue unchanged, except in the two little boys, who were better yesterday; the diarhea has returned with the train of symptoms above enumberated. The symptoms in all the cases had by this time assumed a very grave character, and the result of the treatment being so unsatisfactory, we were led to suspect some counteracting influence existed in the surrounding atmosphere. Hence the suggestion was made to move the family to a more salubrious location, which was immediately done. Now what share the change of location had in bringing about the favorable result which speedily followed, I am not prepared to say; but the patients went on to recover rapidly, under treatment similar to that employed before, and a few days announced the convalescence of the whole of them. These cases were the beginning of a more extensive prevalence of disease in that neighborhood, and although mention is only made of the two families, the disease was, by no means confined to them. On the 17th of July, I was called to Mr. J. W.'s family who lived but a few rods from Mr. Tarpley's. The day previous, six of them had complained of slight chilly sensations, attended by considerable stupor and disposition to sleep, followed by imperfect reaction; the hands and feet had remained cool and moist. They complained of no special suffering or inconvenience, more than they said they felt weak and bad. In the morning there occured increased prostration of the vital powers, and two of the patients, Mr. W. and his little daughter, sank into profound stupor. On examination, the pulse varied from 60 to 90 and very feeble, skin cool and clammy, tongue

moist and slightly coated. The patients that could be arroused at all, could not be induced to complain or acknowledge there was any thing the matter with them, and wished to be permitted to rest undisturbed. Three or four of these cases likewise commenced with diarrhea, as did most of the cases which occurred during the season—and indeed in almost all the diseases with which we had to contend. This complication was either present from the outset, or occurred during the course of the disease, especially where active cathartics had not been avoided. Prescribed quinine in 15 grs. doses every two hours in combination with capsicum and camphor, sinapisms to the extremities and over the epigastrium, a blister to the nape of the neck, stimulating frictions, brandy &c. Repeated quinine to four portions; then diminished the dose to 10 grs. every 3 hours. This treatment was persisted in for about 18 hours, before reaction was established, which was then imperfect, and manifesting strong determination to the brain. The stimulants were now discontinued, and the quinine given in sufficient quantities to keep up its effect upon the system, in connexion with mercurials, which were prescribed with a view of unloading the congested secreting organs, and diffusing the circulation. The brain was protracted by ice and the affusion of cold water. Consistent bilious discharges were obtained from the bowels; and those patients all went on to recover in a few days, with out any febrile excitement, more than was produced by the use of stimulating remedies; except the case of Mrs. W., whose fever pursued a typhoid course—but other cases sank into collapse and died without an effort of the system at reaction, notwithstanding the most vigorous assistance was rendered by quinine, stimulants, &c. The invasion of the disease, in a general way, was stealthy and insidious, often involving the patient in imminent peril, before himself or friends became alarmed. The first paroxysm which seemed to be nothing more than a prostration of the vital powers, was not attended by the same sensations of cold as in simple remittent fever; nor was the temperature of the surface much lowered, especially, where the patient had been kept covered. This was followed after a longer or shorter time by imperfect reaction, which lasted from 3 to 6 hours, when the vital powers again flagged and the patient remained in a stupid passive condition, similar to the stupor of typhoid fever, until the next daily paroxysm; when increased prostration occurred with more decided congestion of the internal organs, determining strongly to the brain, amounting in the same in-

stance to deep coma. It was generally the case that medical aid was deferred until this stage of the disease, and if the treatment was commenced here and carried out vigorously, the prognosis was not unfavorable—but if neglected until near the approach of the third paroxysm it generally proved fatal. The inferences drawn from the character of the cases with which we had to contend, were that one class of them, represented by Mr. Tarpley's family, were a combination of diarrhea and typhoid fever; that the other class, represented by Mr. Woolbridge's family, were a combination of intermittent fever and cholera; hence arrises the conclusion that the remote cause of each of the diseases, co-operated in the production of cases, partaking of the character of each, and each added malignity to the other.

# Correspondence.

PHILADELPHIA, March 3d, 1853.

*My Dear Doctor:*—Since I had the honor to pen my last little epistle, our city has been going through the usual laborious process of gestation, and to a considerable extent of parturition of a very large brood of sons of Esculapius, and although but a few days intervene between the cessation of the "courses" of our medical schools, and their successful accouchment, they contrive somehow or other to "bring forth" about as large a number of ambitious babies as the most prolific of Roman or western matrons. I suppose that the following may be counted (although they are not all hatched yet,) as the number of bearing eggs, this season, among the medical nests of Philadelphia. Female Medical College, nine; Eclectic College, seven; Philadelphia College, twenseven; Pensylvania College, thirty-five; Homœpathic, fifty-five; Jefferson, two hundred and eighty, and the University about two hundred and thirty. Total, 588, besides some seven Dental doctors—the first hatching of our new Philadelphia College of Dentistry.

We hope to produce still more abundantly next year; for we start a new college this spring under the title of *Chronothermal*; and still another charter has been granted by our legislature to grant degrees, on examination, the examiners not to be the professors. Some two or three more bills are

up for charters for still other colleges. What will become of our successors? If they are not well provided with Doctors, male and female, it will not be the fault of us their illustrious predecessors. Let me sum up. We have now four Regular, one Homeopathic, one Chronothermal, *two* female, one Eclectic, one general, and one veterinary college among us. A pretty good joke occurred the other day in the faculty of one of our most crowded schools. One of her weaker candidates, obtained a student of a neighboring college to *stand the examination* for him, who it is said actually run through the duty without detection, until another boy told on him. I have heard of the facility of getting through *in* a crowd; but this is the last instance. No such game, however, need be played here, for *all* may be satisfied with very little trouble.

What we want most here now, is hospitals. Clinical instruction, as I said in my last, is acquired in spots, or miscellaneously here and there, wherever a case can be picked up from the streets or gutters of the suburbs, and dragged before the gaping multitudes. By the by, we expect some rich scenes here shortly, of a *judicial* character, in reference to some of those "taken in and done for" patients. Absolute murder, they say, has been perpetrated in the heat of that scientific ardor which displays itself among our great and philanthropic Professors. One of your late western Professors is among us this winter, and makes a considerable stir with his "Atomic Theory of life." The County Society, and the Medico-Chirurgical College have given him a hearing, and I understand that the New York State Medical Society will publish some hundred pages of his "thoughts" in their next transactions. More anon. Yours, HALLER.

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CINCINNATI, March 22, 1853.

*Mr. Editor*:—Could you inform us through your valuable Journal, whether it is true, that some of our Western Colleges, confer diplomas on European students, without their attending a course of Lectures according to Law? We have been creditably informed, that such a diploma is held by an individual of this place, issued by the St. Louis Univerity, in February, 1852, or rather sold for the mere sum of twenty-five dollars. Is this possible at this enlightened age?

VERITAS.

*Prof. L. M. Lawson: Dear Sir:*—According to request, I transmit to you my treatment of scarlatina during the past winter. The most successful remedy with me, was the nitrate of soda and tincture of belladonnæ, and was given in the following manner:

After the bowels had been evacuated by a gentle laxative, where such was necessary, the following mixture was given to a child 2 years old.

℞. Nitrate of soda ʒi.
Tinct. Belladonnæ, gtt. xij.
Muc. G. Arab.
Ag. destill.
Syr. simplé aa ℥ss M.; a teaspoon-full every hour or two; but when the fever was very high from the start, the tinct. belladon. was omitted for the first 24 hours.

Yours truly. J. S. UNZICKER, M. D.

# Proceedings of Societies.

St. Clairsville, Belmont Co., O., March 4, 1853.

*To the Editors of the Western Lancet:*

Gents:—Accompanying this, please find the last year's "*Transactions of the Belmont Medical Society.*" One of our rules is, that at the annual meeting, (April,) all papers read during the years preceding, shall be collected and referred to the Standing Committee on Printing, to arrange them and have them printed, the one I now send, being the fifth number.

Our Society held its third quarterly meeting for the present year, in this place, on the first Thursday of January. We are now in our sixth year, and we have not, as yet, failed to have a very interesting meeting at each appointed time. I have failed to attend but two, during the whole time.

There is nothing, in the opinion of the writer, that has a better influence upon the minds and feelings of the members of the profession, than this frequent meeting together, and the interchange of opinion and sentiment, in relation to our responsible occupation.

Here, in the country, removed far from the opportunity of attending lectures, and pressed down with the labors and anxieties of a country practice, nothing, to me, affords more pleasure than one of our quarterly meetings. To meet our fel-

low laborers, and talk over our troubles, our success, our failures, and the means used by each to accomplish the end, is a day of rejoicing, and I can freely say, that I have never attended one meeting, but that I learned something new, and came home saying: "that it was good for me to be there."

At the last meeting, the annual report on the epidemics of the county was read. Three members of the committee reported, to wit: Drs. Meyer, Williams and West, on the subject of Dysentery, as it prevailed in the vicinity of Jacobsburg. Dr. Meyer read a very interesting letter; his treatment consisted principally in alternatives, astringents and anodynes. He prefers the tannin as an astringent, in six grain doses, for an adult, with the fourth of a grain of sul. morph., calomel to be added, as symptoms required. Dr. Williams thinks he saw more benefit from the sugar of lead, in conjunction with opium. The cases reported, however, appeared to assume a very different type. Those of Dr. Williams more of the typhoid.

A discussion here arose as to the treatment of dysentery, and the views of members freely expressed, from which I learned that the profession here are more disposed to use astringents and anodynes, and use much less mercury than formerly. Dr. West has treated all the cases during the last summer and fall, except one, without mercury in any form, depending principally upon astringents and opium, with castor oil, spirits of turpentine, and other mild cathartics.

The subject of Typhoid fever was reported upon also, by Drs. Williams and West. Considerable contrarity of opinion appeared to prevail, as to treatment. Dr. Updegraff stated the French practice to use sudorific remedies the first five days, and then commence the quinine in decided doses, without reference to the state of the system, on the sixth day.

Dr. Estep, has not used much calomel in Typhoid fever for sometime, depending on the hyd. c. creta, morphia, and sup. cab. soda, followed early by the quinine; the day certain depended upon the state of the case.

Dr. West prefered the calomel to the chalk mixture, combined with the morphia and soda, and commenced the quinine, with the very earliest remmission; the dose used by him, never exceeded two grains repeated every 4 to 6 hours. He has used the quinine on the first and second day.

Dr. Affleck read a paper on the subject of metaphysics, as connected medicine, in which he took occasion to express

some of his peculiar notions in relatian to religion. The discussion took that course.

The following members were duly appointed delegates of the "American Medical Association" for 1853:

Drs. Updegraff, Estep, Affleck, and Meyer.

Our annual meeting will be held in this place, on the first Thursday of April. H. W.

# Progress of Medicine.

## ENGLAND.

*Analysis of the Cases of Scarlatina, that occured in James Donaldson's Hospital, during the Autumn of* 1852; *with some Remarks on the Present State of our Knowledge of that Disease.* By J. D. Gillespie, M. D., F. R. S. E. (Read before the Medico-Chirurgical Society, Jan. 19th, 1853.)

The writer remarks, that scarlet fever has prevailed so extensively in Edinburgh during the last few years, and has destroyed so many of the younger members of the community, that no opportuny should be lost of adding to our knowledge of this prevalent, and often dangerous disease. We feel assured that the physicians of Cincinnati can give a hearty response to this vital sentiment, as our city has just been scourged by the scarlatina to a fearful extent.

Donaldson's Hospital, in which Dr. Gillespie made his observations is a charitable institution, recently established for the education of the poorer classes of children, and had within its walls, at the time the disease prevailed, 123 children, and 20 adults. The children were between the ages of eight and twelve years. There were 61 girls and 62 boys; of the former 21, and of the latter 26, were deaf mutes.

Of the children, 23 were stated to have had the scarlatina before entering the house, and some of these had a recurrence the disease.

Of the 33 adults that resided in the Hospital only five had previously been affected, and all of them escaped a second attack.

The first cases appeared on the 17th of September, 1852, and the disease did not spread gradually from room to room,

but attacked parties in remote parts of the building at the same time.

During the first week, 36 children and 4 adults were sent to the sick rooms.

The last case occurred on the 19th of December; and between the 17th of September and that date, 62 children and 8 adults had been affected by the contagion, though in some the symptoms were of the mildest form.

He says: "The most prominent features of the disease which I noticed, were the following:

1. The almost invariable sickness and vomiting at the commencement, most frequently of greenish biliary matter.

II. The invariably injected appearance of the fauces prior to, or ushering in, the febrile symptoms.

III. The sthenic rather than asthenic type of the fever.

IV. The little tendency to severe head symptoms.

V. The total absence of the malignant form of the disease.

VI. The mildness of the sequelæ, which for the most part affected the glands and cellular tissue of the neck.

VII. The non-existence of the dropsy or of albuminous urine, whether as a concomitant or sequela.

Such being the characteristics of the fever, will sufficiently account for the absence of any fatal case, though indeed the complications, which were superadded in two instances, for a considerable period occasioned much dubiety as to their ultimate recovery.

The varieties noticed may be arranged under the five classes enumerated by Dr. Copland; premising that, as in every case more or less sore throat existed, those only are noted as coming under the appellation of scarlatina simplex, where affection of the throat was comparatively mild.

I. Scarlatina simplex.
II. Scarlatina anginosa.
III. Scarlatina maligna.
IV. Scarlatina faucium.
V. Scarlatina latens.

Every epidemic hitherto observed has had one or the other of the first three for its prevailing type. These have been so frequently and accurately described, that it would be superfluous here to enter on their consideration. The remaining two are exceptions; but a sufficient weight of evidence has now, I think, been adduced to constitute them distinct varieties.

Scarlatina sine exanthemate—an affection of the throat, accompanied by fever, without the scarlet eruption on the skin, and followed in many instances, by some of the sequelæ incidental to the more ordinary forms—has been noted as occasionally occurring even by the earliest authorities. At Donaldson's Hospital several well marked cases came under observation.

Scarlatina latens—a form where the usual primary fever and its concomitants are wanting, or at least undeveloped—has been constituted a new variety by Dr. Copland, who claims for himself the credit of first pointing out this form of the disease.

At the time (1848) when he was first led to the conclusion, that this was a true variety, dropsy appears to have been a most frequent sequela of the epidemic in London, and it was the discovery of this affection seizing on persons exposed to contagion, but who had not shown any outward evidence of the ordinary symptoms, that justified his establishing the latent variety of the disease. Dropsy, with its accompanying dangers has therefore been chiefly adverted to in his description; but if it be admitted that the presence of one occasional sequelæ be taken as an indication of scarlatina having existed in a latent form, we cannot deny the same acceptation to other and more constant, though perhaps milder sequelæ.

Accordingly, I have placed under the fifth class several cases where swelling of the parotids, not preceded by sore throat or eruption, was the only manifestation of the disease.

As scarlatina latens has not yet, so far as I am aware, been very generally recognised by the profession, I may here state the evidence which I have been able to collect regarding its occurrence.

1. Dr. Copland saw several cases of dropsy, without any other symptoms, in individuals exposed to contagion.

2. Dr. Graves, and Dr. Alexander Wood have each recorded one case of anasarca, where the primary symptoms were wanting.

3. Mr. Miller, physician to the London Western Dispensary, during the epidemic of 1848, saw ten cases of anasarca occurring in infected habitations, without any previous fever or eruption.

4. Dr. Rowland, at the Bloomsbury Dispensary, saw several cases of dropsy without the scarlatinal eruptions. Care was taken to examine into the previous history. More than two-

thirds of all the cases of scarlatina under his care had subsequent dropsy.

5. At the New Town Dispensary, I lately saw an infant of eighteen months, laboring under extensive anasarca; and the mother declared, that though several of the other children were convalescing from the ordinary form of scarlatina, the infant had not shown any indications of the disease.

6. Three cases of swelling and tenderness of the partorids, in one of them also suppuration of the sublingual gland, were noted at Donaldson's Hospital, where none of the previous symptoms had been observed to be developed, though the individuals were subjected to a daily scrutiny.

These are the data on which I have grounded my opinion, that scarlatina latens should be considered a distinct variety. They may appear inconclusive to some, but they are thrown out at present in order that ulterior observation may be directed to determining the question.

In enumerating the cases under the various classes indicated, there were:

| | | | |
|---|---|---|---|
| I. | Scarlatina | Simplex, - - - - | 27 |
| II. | " | Anginosa, - - - - | 18 |
| III. | " | Maligna, - - - - | 00 |
| IV. | " | Faucium, - - - - | 22 |
| V. | " | Latens, - - - - | 3 |

Of the *Scarlatina Faucium* he remarks:

The fever ran very high in some of these instances, but was not of so long continuance as in the eruptive forms.

Some doubts have been entertained, whether cases of scarlatina faucium can propagate the disease. My own belief is, that they have not that power, or at least possess it in a very inferior degree.

Mr. Sidney, in the "Edinburgh Medical and Surgical Journal," for 1837, mentions twelve cases, in which he observed that when the sore throat was unaccompanied by eruption, it did not extend to other members of their families, though they consisted of many susceptible younger individuals.

Another *questio vexata* is, whether, having had scarlatina faucium, renders a person less amenable to the eruptive form. In the first place, I think it will be found that the majority of cases of this affection have had the regular disease previously; and, secondly, where such a state of matters does not exist, that the having undergone scarlatina faucium confers merely a slight degree of immunity, and that chiefly from the then prevalent epidemic.

In Dr. Alexander Wood's interesting paper on the connection between scarlatina and erysipelas, I find it stated that every case of scarlatina fæucium that came under his observation had previously passed through the eruptive disease.

Of the three cases of *Scarlatina Latens*, two were deaf-mute boys and one an adult female. One boy had swelling of the parotids with no affection of the throat; the other had inflammation and suppuration of the sublingual gland without sore throat. The adult had considerable fever accompanying the swellings, which affected both parotids.

On an analysis of the cases, to ascertain the relative liabilities of the two sexes to the disease, the Dr. concludes that females are most susceptible to its influence. He is also of opinion that the deaf-mutes are more readily impressed by the first exposure, and are more liable to a second attack, than those children that have not lost their hearing.

The treatment he says may be summed up in a few words:

1. The free and repeated use of the warm bath.

2. Mercurial laxatives on first admission, the indication for these being (I would suggest) the loaded state of the tongue, and the almost invariable occurrence of bilious vomiting at the commencement of the disease.

3. Afterwards small, frequently-repeated doses of a diaphoretic, containing antimonial wine, sweet spirits of nitre, and aqua acetatis ammoniæ.

4. The application of a strong solution of nitrate of silver to the throat, with external fomentations, poultices, or sinapisms.

5. Warm flannel dressing gowns whenever the fever abated, and the children were likely to expose themselves incautiously to cold.

Making the children wear these flannel gowns was, I am confident, of essential service in warding off the sequelæ; for every one who has had much to do with the treatment of children, must be aware how difficult or impossible it is to prevent their imprudently exposing themselves to cold when convalescing from disease.

This was all the treatment required in the great majority of cases, but of course some of the complications or unusual symptoms indicated a modification of the remedial measures employed.

The advantage of the warm bath was exemplified in a very marked degree; indeed, I have no hesitation in saying, that in the non-malignant forms of scarlatina, at all events,

the frequent use of this remedy, especially in the earlier stages, is the most powerful agent we possess.

From what is now generally received as the true pathology of scarlatina,—viz., that its symptoms are induced by a morbid poison, circulating and reproducing itself in the blood; that as in all the exanthemata, an attempt is first made by nature to throw out that poison by transpiration from the skin; that, when that object is not thoroughly attained by such a method the effects of the poison are apt to fall on other organs, and more especially on the kidneys, the recognised emunctories of the effete matter circulating in the blood,—the beneficial results expected from, and realised by the warm bath can be satisfactorily understood.

Dr. Golding Bird, who had extensive experience in the treatment of scarlatina, asserts that he scarcely ever saw dropsy supervene, when the warm bath had been judiciously had recourse to.

Dr. Gillespie concludes, from his observations in Donaldson's Hospital, that the appearance of albumen in the urine of Scarlatina patients, is by no means constant, or even a general rule, as has been asserted by high authority.

He does not believe that the albumen in the urine is an essential symptom of scarlatina. Neither does he believe in the theory that albumen is formed by the parting of the epthelial cells from the mucous membrane of the kidney, for those cells, he says, may be seen in abundance in the urine when no albumen is present.

He finally enumerates the conclusions that he has arrived at, both from his own observation and a consideration of the views of others, as follows:

I. Epidemic scarlatina, considered on an extensive scale, has a characteristic type, which changes at different periods, though all the varieties may possibly have illustrations during the same time, and in the same locality.

II. In some epidemics the morbid poison, instead of being thrown off by the ordinary outlet (transpiration through the skin), is apt to fall on the internal organs, and more especially the kidneys, causing congestion in these excreting bodies, and impairment of function, which, in some instances, may give rise to temporary albuminuria, either with or without dropsy.

III. Although it be admitted that a peculiarity of type may dispose to albuminuria and dropsy, the frequency of their occurrence may often be materially modified, or in those epi-

demics where no great liability to such affections exists, be even prevented, by careful endeavors to eliminate the poison in the first instance, and latterly by protection from exposure to cold or moisture.

IV. The primary and most important indication for treatment, must therefore be, resorting to such measures as will most efficiently favor the natural efforts of the system to throw off the morbid poison by transpiration from the skin.

*Chlorinated Merino; a Test for ascertaining the Presence of Sugar in Liquids.*—Strips of white merino, after being soaked three or four minutes in an aqueous solution of bichloride of tin, made with 100 parts of the bichloride of tin and 200 parts of water, and subsequently carefully dried, are convenient as a test for this purpose. By employing this chlorinated merino, the physician is able, without the least trouble, to ascertain whether the urine, or other fluid contains any trace whatever of sugar in it. All that is required is to drop a very little of the urine, or fluid to be tested, on a strip of the chlorinated merino, and to hold it over the flame of a spirit-lamp, when, if any sugar be present, a very distinct black spot will be produced.

M. Maumene to whom we are indebted for this reagent, says that it is a most delicate test. Ten or a dozen drops of diabetic urine, containing sugar, mixed with a large quantity of water, will produce a dark brown stain, on the introduction of a strip of this prepared test; whereas healthy urine, urea, and lithic acid, are not thus discolored by the addition of chloride of tin.

*A Clinical Lecture on Certain Nervous Affections, (Local Hysteria,) Delivered at King's College Hospital.* By Robert B. Todd, M. D., F. R. S.—The case commented on by Dr. Todd, was Harriet B——, aged 30, admitted into the hospital, on the 7th of May, 1851.

The point of greatest interest about the case, was that she suffered acute pain in the right hypogastric region, over the right ovary. The pain was of so acute a nature, that she could not bear the slightest pressure over the affected part; even the weight of the bed clothes was painful to her.

He remarks, that severe abdominal pain, whether general or limited to a spot, is at once suggestive, both to practitioner and patient, of inflammation within the abdomen; it may be, of peritonitis. This latter malady is, as you know, a severe one, and in the majority of cases, fatal. How important, then

is it, to be able to determine whether such pain is due to a cause of this kind or to some other!

The pain under which this woman suffers is referred to the right hypogastric region, over the position ofthe right ovary, and the painful part occupies a circular space of about two and a half or three inches in diameter. There is extreme tenderness to the touch; even when the integuments are pinched up with the utmost gentleness, and with every care to avoid compression of the subjacent parts, she shrinks and appears to suffer great pain. Deep pressure on the corresponding region of the left side causes pain likewise, as if by implicating the right side.

There is another very important feature in the case which deserves especial notice; it is this, that when her attention is much engaged, she certainly suffers less, although she cannot be said to be free from pain. Upon making a careful examination of the part, we could detect no tumor; and upon pressing deeply, no abnormal condition of the ovary could be discovered; and although there was pain, there was no increase of it to a proportionate extent.

Her history was as follows:—She is unmarried, but was many years since the victim of seduction, and suffered a very severe labour, in which the perinæum was lacerated.

Three months before entering the house, she had a severe attack of diarrhæa, that left the bowels in an irritable condition. The catamenia have always been irregular, and she has excessive leucorrhœa after her menstrual periods.

What, then, are the conditions that might give rise to such a pain as this.

The pain is nearly as great, under slight, as under deep and heavy pressure. If the pain arose from an irritated or inflammed bowel, it would increase as the pressure was increased, and we could find tympanitis. The same objection would apply to the idea of local peritonitis.

The pain might arise from an inflamed ovary, but there is no swelling, or tumor in the hypogastric region, and bearing pressure on the part, does not increase the pain more than a slight pinching of the integuments. And on examination *per vaginam*, nothing wrong can be detected, either in the uterus, or ovaries.

Inflammation of some of the abdominal muscles might cause the pain, but then the movements of the limbs or body would increase the suffering, and the entire absence of fever would preclude the idea of any severe internal inflammation.

Lastly, the symptoms might be referrable to that peculiar state of the nerves, superficial as well as deep, which gives rise to that kind of pain which conventionally (and, in the present state of our knowledge, conveniently enough) we call "hysterical pain." This pain, also called a nervous pain, is no doubt just as acute and severe to the patient's feelings as any pain from injury or organic lesion, although, in the parts in which it is seated, we can discover no alteration of structure whatever.

You see that we have excluded from the diagnosis peritonitis, enteritis, and inflammation of the ovary. Let us now inquire how far the hypothesis of the pain being hysterical is borne out by the accompanying phenomena.

The great tenderness of the skin to the slightest touch is very favorable to this view, which is likewise supported by the fact of the little difference in the intensity of the pain under deep and under suprerficial pressure.

The slightest touch to any other part of the body makes the patient suddenly shrink back with a greater or less expression of pain,—a character which belongs to all these hysterical affections. Often when you bring the finger close to the skin, there is an expression of pain nearly as great as if you had actually touched it.

The appearance of the countenance, the remarkable depth, and prominent fullness, with more or less thickness of the upper lip, and the peculiar drooping of the eye-lids, are characteristic of the hysterical state of the constitution.

She also exhibits that irritable state of the spine, under which hysterical patients are apt to suffer. The slightest pressure on the spinous processes, causes her to shrink, and to complain of pain shooting forward from the point pressed on; and as is the case with most hysterical persons, a slight pressure on any part of the body gives pain.

Another point confirms the idea that the pain has a hysterical origin. She has never menstruated regularly. You will rarely meet with a case of hysteria, in which there is not some deviation from a healthy action of the uterus, exhibited in the disturbance of the menstrual function.

Thus, then, we arrive at the conclusion, that the symptoms in Harriet B——'s case, are to be referred to a hysterical state of the constitution.

There are many forms of the hysterical condition, and that which has been called the "irritable uterus," is by far the

most formidable. It is characterised by exquisite pain, and tenderness in the region of the uterus. Slight pressure over the organ, or examination per vaginam, causes great suffering. At the same time, there is no enlargement, or other organic change in the organ.

Another form of local hysteria, is a pain, of frequent occurrence under either breast, more commonly under the right. Lucorrhœa is mostly present with this pain, and, if the discharge is cured, the pain will disappear.

Local hysteria sometimes manifests itself in that pain in the stomach, which is commonly called *gastrodynia*, and it is of great importance to distinguish it from the pain resulting from ulcer of the stomach, as an essentially different treatment would be applicable to each.

An important difference is, that in the hysterical affection, the pain may occur at any or at all times, whether the stomach be empty or full; nor is any constant relation between its development and the ingestion of any particular kind of food. On the other hand, the pain from ulcer of the stomach is distinctly influenced by the taking of food, but especially of that kind which it is the province of the stomach to digest. Patients with ulcer will tell you, that as long as they abstain from food, they have little or no pain; but as soon as they eat anything they begin to suffer, and they are not easy until digestion has been completed. Hysterical patients, on the other hand, will tell you, that the pain comes on as soon as they rise in the morning, and continues perhaps all day. You will also find that these patients exhibit more or less of the hysterical constitution. With reference to the diagnosis between these two kinds of stomach pain, you should always inquire if there has been vomiting of blood, as this forms a most important symptom in the history of ulcer of the stomach. Or, if there have been no vomiting of blood, you should inquire whether it may not have passed through the pylorus into the intestinal canal, in which case you will find, upon inquiry, that the patient has passed very dark matter from the bowels; the stools, in fact, exhibit a pitchy character in those cases in which blood from the stomach passes by the bowel. The effects of the treatment to which the patient is subjected will also often enable you to distinguish the true ulcer of the stomach. Beer and stimulants, and all acid drinks, greatly aggravate the the pain from ulcer, while they often tend to relieve the hysterical affection. Bismuth acts very favorably in the one, but not so in the other.

The hysterical spine, is another form of local hysteria, of which you have a good example in the case before us.

If you pass your finger down the spine, you will find some places very irritable; perhaps the painful situation may be confined to one particular spot, or it may extend over three or four spinous processes, or the whole spine may be affected. Whichever be the case, you will find that the patient suddenly shrinks as soon as the irritable part is touched, and appears to suffer, and no doubt does suffer, exquisite pain. Now, this condition has been over and over again mistaken by careless practitioners for caries of one or more of the vertebræ; and in consequence, the unhappy patients have suffered from all the artillery of physic; leeches, blisters, and setons have been applied to the spine, and other antiphlogistic measures have been resorted to, but without any effect beyond, perhaps, aggravation of the pain. The most important point, by means of which you may distinguish vertebral caries from the hysterical affection is this: in the vertebral disease the pain is not so excessive, and is always fixed in one part, and it will be found to increase gradually as the disease advances.

Our patient, Harriet B——, has continued in the hospital for a considerable time. Repeated examinations tended only to confirm the diagnosis I have given, and she has had two or three hysterical fits. On her admission she was treated for the diarrhœa, under which she was then suffering. The diarrhœa ceased, but the pain remained unabated.

Since that time the treatment has been chiefly such as would check leucorrhœa, improve tone, and promote general health. The tepid shower-bath, the cold hip-bath, mild aperients with galbanum, and the citrate of iron, were administered for some time. The result was a very marked improvement of the general health.

Notwithstanding this treatment the pain in the hypogastrium continued troublesome, although diminished in severity. Local treatment was employed; leeches, blisters, and opiate applications were applied, without good effect. At length, fearing that these applications tended rather to aggravate the pain by fixing her attention upon the affected part, which undoubtedly they are apt to do, I applied a blister to the corresponding spot on the left side, and kept it discharging for some time. This treatment was attended with the happiest result; the pain left the right side, but, as if in illustration of its true nature, she now complains of a pain in the left or

blistered side, less severe, however, than the original pain. But from the great improvements in her general health, and the abatement which has already taken place in her symptoms, there can be no doubt that time is now the most important element in her cure.—*Medical Times and Gazette.*

*Ovarian Dropsy. Under the Care of* Dr. Tanner, in the London Hospital for women.—From the two cases reported by Dr. T., it would seem that ovarian dropsies may be cured without the formidable operations by which so many of the aspiring surgeons of the day, expect to gain unfading honors.

His mode of treatment was simply tapping the sack, and drawing off the fluid. In one case, he drew off nine pints of a dark colored gelatinous liquid, and no reaccumulation of fluid followed. The patient is enjoying good health, up to this time.

From another case, thirty-five pints were drawn, and the woman recovered her health, which had been much impaired by the disease; but in this case, there is an appearance of returning enlargement.

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## UNITED STATES.

*Elephantiasis Arabum of the Right Inferior Extremity successfully treated by Ligature of the Femoral Artery.*—By M. J. Carnochran, M. D., Professor of Surgery in the New York Medical College. Elephantiasis is a disease that so seldom occurs in this country, it is probable that most of our readers will never meet with a case; but the one reported by Dr. Carnochran, with his treatment, is so instructive that we have determined to transfer it to our pages.

*Case.*—Charles Roller, of lymphatic temperament, and short stature, æt. 27, born in Aix-la-Chapelle—occupation, mechanic, left his home in December, 1849, landed in New York in February, 1851, went thence to Connecticut, where, for eight months, he worked in a factory, standing during his hours of labor; thence went to Virginia, where he worked on a farm for about six months, at the expiration of which period he was taken with fever, of an intermittent character. Up to that time, he had always been in good health.

During the fever, the inguinal glands on the right side became swollen and painful; the swelling and pain extending in the course of the femoral vessels as far as the knee. The

pain was followed by swelling and redness of the thigh down to the knee. From the knee, the pain and swelling continued to extend downwards as far as the toes; being, at this time, confined chiefly to the portions of the limb along the course of the saphena vein, and also of the posterior tibial vessels. The redness and tumefaction here, as in the thigh, was preceded by deep-seated pain. The tumefaction of the limb continued to increase; while, at the same time, febrile exacerbations occurred at intervals, varying from two to six days. After a period of about six weeks from the commencement of the disease, the fever entirely disappeared, and by this time, also, the pain and redness had entirely ceased; the limb, however, remaining hard, swollen, and rough, and presenting, in a marked degree, the peculiar characteristics of Elephantiasis Arabum, in the chronic period of the disease. From this time forward, the hardness and intumescence gradually increased, and the limb became so cumbersome, that the patient was obliged to give up all business, and confine himself chiefly to a recumbent posture. In this condition, the patient left Virginia for the purpose of seeking medical relief at the New York Emigrants' Hospital, into which he was admitted the 15th of January, 1851. The appearance of the patient on entering the Hospital, was somewhat emaciated. He had no febrile symptoms, and the chief difficulty under which he labored, arose from the enlarged and hypertrophied condition of the right inferior extremity.

The limb was enlarged from the toes to within a short distance below Poupart's ligament. The thigh, although enlarged, was not much indurated: while, from a short distance above the patella, downwards, the limb presented a dense, hypertrophied, hard, scaly, shapeless mass, the appearance of which, will be best apprehended by referring to the accompanying plate.

The morbid condition of the tissues pervaded the foot and toes, there presenting groups of tuberculated growths. The circumference of the limb, around the ankle, was nearly as large as that of the calf; measuring fifteen and one-half inches, while the circumference of the calf measured nineteen and one-half inches.

The patient was put under treatment upon entering the Hospital. The recumbent posture was enjoined, and for some time various discutient lotions were used. Bandaging was resorted to, with frictions of ung. Potass. Iodid; the Iodide of Potassium being also prescribed internally.

At times, also, the limb was painted with strong tincture of Iodine; local and general baths were used, regular bandaging of the limb, from the toes upward, being the while carefully observed.

This plan of treatment was perseveringly adhered to from the 15th of January to the 22d of March, a period of a little over two months, without any amelioration. Having thus tried, without success, the method of treatment most approved of, I proposed to place a ligature upon the femoral artery, with a view of changing the morbid condition of the structures supplied by the branches of this arterial trunk. A consultation was held, and my proposition was acceded to as preferable to amputation, the usual alternative resorted to in this stage and extent of the disease. Accordingly, on the twenty-second of March, 1851, I secured the femoral artery, a short distance below the origin of the arteria profunda. Upon exposing the femoral artery, this arterial tube was found to be changed, so as to present an appearance somewhat like the color of the aorta of the ox, and to be larger than the common iliac of the human subject. In consequence of this appearance of the artery, after some hesitation, I applied the ligature, preferring to do this, rather than to expose the external iliac, of the soundness of which I could not be certain.

The ligature came away from the femoral artery on the eleventh day, accompanied by secondary hemorrhage, the occurrence of which I had expected as probable. For the purpose of arresting the hemorrhage, the *external* iliac artery was secured by ligature, by Dr. A. E. Hosack, who happened to be on duty at the time in the Hospital. The external iliac was found to be about the size of the brachial artery. This, for a time, apparently had some influence on the hemorrhage; but on the following day, bleeding was again renewed from the orifice, in the femoral artery, with as much profusion as ever.

The hemorrhage was now restrained by the prompt application of a tourniquet, on the *cardiac* side of the bleeding orifice, by the house surgeons, Drs. Thompson and A. K. Smith.

This even failed to stop permanently the hemorrhage, and the blood recommenced oozing copiously at intervals. The patient was now sinking fast, and the ligature of the common iliac, or amputation at the hip-joint, appeared to be the only resources left. But the hemorrhage now being evidently reflux, it was suggested to apply the tourniquet, so as to pro-

duce compression on the *distal* side of the bleeding orifice: this was done, and was followed by a complete cessation of the bleeding.

From this time, (April 4th, 1851,) the house surgeon kept an instructive record of the case, which record I have now before me. For several days the pulse ranged from 115 to 108: the dressings were carefully attended to, and light diet prescribed. On the 12th, the leg was found to be considerably reduced in size, and the ligature of the external iliac came away. On the 17th, brandy and quinine, with good nourishment, were ordered. On May the 1st, finding the leg still more reduced and the lower wound healed, I ordered tincture of iodine to be painted on the leg, and the bandage to be continued; I also ordered a solution of chloride of soda to be used as a wash on the upper wound, which continued to discharge freely.

The patient now went on gradually improving in strength and appearance, and left the Hospital in the latter part of June, completely cured of his malady. At this date, sixteen months after the ligature of the femoral artery, the patient is in robust health, and presents no indications that the disease will return.

*Remarks on the Preparation of Hydrated Sesqui-oxide of Iron, as an Antidote to Arsenic.* By Wm. Proctor, Jr. —From an article in the American Journal of Pharmacy, we extract a formula for the preparation of the most efficient antidote to arsenic that is known to the profession. Some years since we performed a series of experiments on *rats*, with arsenic and this antidote, and proved it to be a safe and certain remedy, if administered a short time after the poison had been swallowed. We liberated one rat that had been in our service two weeks, and had repeatedly taken what would have been a fatal dose of arsenic, if he had not taken the antidote.

The following formula, which is somewhat different from that proposed in 1843, is easily executed, and furnishes a concentrated solution of the ter-sesqui-sulphate of iron of known strength, so that the operator can graduate the precise quantity of oxide by means of his measure glass.

Take of (proto) sulphate of iron, (well crystallized,) sixty-four ounces Troy.
Sulphuric acid, seven fluid ounces.
Nitric acid, sp. gr. 138, twelve fluid ounces.
Water, a sufficient quantity.

Reduce the sulphate of iron to moderately fine powder in an iron mortar, mix together the acids and five fluid ounces of water, put the mixture in a large porcelain capsule on the sand bath or other regular source of heat, and add the powdered sulphate, about two ounces at a time, stirring after each addition, till the effervescence ceases, until all has been added, and the elimination of nitrous fumes has ceased. In the absence of a porcelain capsule and sand-bath, the operator may use a gallon glass jar supported in a vessel of boiling water; in either case, the vessel should be large enough to allow for active effervescence, and it is hardly necessary to say that the operation should be performed under a chimneyhood, or in the open air, to avoid the noxious fumes of nitrous acid. The dense solution thus obtained should then be diluted with water until it measures four and a half pints,(wine measure,) and then filtered through thick muslin.

Solution of ter-sulphate of iron thus prepared, has a dark reddish-brown color in quantity, the specific gravity of 1.587 at 60 ° F., but little if any odor, a powerful styptic taste, and mixes readily with water, so as to form a solution with more color in proportion to its dilution than the strong liquid. Each fluid ounce of this solution contains a fraction more than 120 grains of sesqui-oxide; each fluid drachm 15 grains, and each minim a quarter of a grain; and as it is equally applicable for preparing the oxide for chemical as for antidotal purposes, this correspondence of weights with measures gives great facility in calculating any precise quantity desired.

It is this solution which I have proposed should be kept by *every* apothecary as the source of hydrated sesqui-oxide of iron. Its strength is such that it requires about an equal measure of commercial solution of ammonia (sp. gr. .940,) to decompose it. The apothecary who is suddenly called upon for the antidote will proceed in the following manner:

Take of Solution of ter-sulphate of iron, half a pint.
" Solution of ammonia, half pint, (or a sufficient quantity.)
" Water, a sufficient quantity.

Pour the solution of iron into a half gallon jar, add two pints of water, and then add the ammonia, stirring constantly until in slight excess. This is known when, after displacing the air in the jar by blowing, it continues to smell slightly of ammonia. The contents of the jar are then thrown on a piece of strong muslin, previously well moistened, and the liquid, holding in solution sulphate of ammonia, expressed from it as

quickly as possible, untill the oxide remains in the cloth of a pasty consistence. The cloth is then opened on a dish, water added and incorporated with the oxide by means of a spatula, and then again expressed. If the demand is urgent, the oxide may be sent without further washing; if not urgent, the washing may be repeated twice more. It is then quickly removed by a spatula from the cloth to a quart mortar, and water mixed with it by trituration, until it measures a pint, when it should be poured into a wide-mouthed bottle, corked, and the following label attached, viz:

**HYDRATED SESQUI-OXYDE OF IRON.**
(Ferri Oxydum Hydratum U. S. Pharm.)
*Antidote to Arsenic.*

This preparation consists of Hydrated Sesqui-oxide of Iron and water, in such proportion that each table spoonful contains *thirty* grains of the dry oxyde; and is intended to neutralize the poisonous effect of *Arsenious acid*, or *common white arsenic*, when taken into the stomach. It is well to precede the administration of this antidote by an active emetic of ipecacuanha or of mustard, so that any undissolved arsenic may be thus mechanically removed, if possible. If, however, this has not been done before obtaining the *antidote*, no time should be lost in giving it. The patient should take a table spoonful for a dose every five or ten minutes, but if vomiting should intervene, let a dose be given immediately after each attack, unless otherwise directed by the physician in attendance.

When the poisoning has been caused by *arsenite of potassa*, (Fowler's Mineral Solution,) *soda* or *ammonia*, or by the salts of *arsenic acid*, after giving the first dose, add six table spoonfuls of vinegar to the contents of the bottle, and shake it a few minutes, until the acidity is neutralized, and then give it as above.

*Nitro-mercurial Test for Albumen and other Protein Compounds.*—The nitro-mercurial solution of M. Millon is prepared by adding to the metal mercury, an equal weight of nitric acid, containing four and a half equivalents of water. This mixture is to be gently heated until the metal is completely dissolved, when two volumes of water are to be added to one volume of the nitro-mercurial solution. After standing some time, the clear liquid is to be poured off. This acid solution of mercury, M. Millon says, is a very delicate test for all albuminoid substances, as well as for many secondary products connected with it. It imparts a deep red color to such substances, and by its application as a reagent, the ten-thousandth part, or even less of albumen, may be detected. He affirms that cotton, various kinds of starch, and gum-arabic, assume a very distinct rose-tint when brought into contact with it. The urine is almost immediately rendered of a

rose-red color. The albumen of the blood, and of vegetables, fibrine, casein, gluten, legumin, silk wool, feathers, horn, the epidermis, gelatine, chondrine, protein, the cornea of the eye, &c., are all rendered more or less red by the application of this test.

*Treatment of Epilepsy.* By Horace Green, M. D., Professor of Theory and Practice of Medicine, in the N. Y. Medical College.—It seems that this, heretofore, intractable malady is about to be vanquished in the onward march of medical science. Its terrible strength has already been subdued in many cases, and this fact gives us strong grounds for the hope that the *idea* has been advanced that will finally bring it under the control of our skill.

Professor Green in this communication, after making some remarks on the theory of Marshall Hall, gives the following case.

Case.—Mr. B. is thirty-seven years old, has had epileptic fits during a period of twenty-seven years—the disease having commenced at the age of ten years. It was supposed, in its commencement, to depend on the presence of worms. At first, the spasms occurred once in two weeks. In some instances he would escape for a month, or even for two months, but ordinalily the attacks were about once a fortnight. This continued until he was nineteen years of age, unrelieved apparently, by any of the many remedies employed. At this period, Mr. B., at the advice of his physician, commenced the internal use of the nitrate of silver. Beginning with the eighth of a grain twice a day, the amount was gradually increased to half a grain twice daily, and subsequently three times a day. This quantity, amounting to one grain and a half a day, was continued for a period of *two years!* Not under the advice of his physician however, was this amount continued—for the patient was repeatedly warned of the result that would follow in the discoloration of his skin, from this protracted use of the remedy. But as the attacks diminished in their frequency, under its employment, he was encouraged to proceed, and deliberately preferred to risk the anticipated evil, rather than relinquish the hope of recovery. The remedy was continued, the attacks of epilepsy occurred with less, and still less frequency, until, at the end of two years from the commencing of the use of medicine, they had ceased altogether. But long before the disease disappeared entirely, the nitrate had made its appearance on the surface, and by the time the patient was restored, his skin had received the dark,

blue tinge of the salt; a tinge that has remained to the present time, through a period of fifteen years, unchanged, except that it has assumed of late years, a still darker hue than it at first presented.*

At twenty-four years of age, Mr. B. was married, and soon after his marriage he met with an accident, whilst traveling, in the upsetting of a stage-coach, by which, although not materially injured, his nervous system was much excited, and to this he attributes the return of the disorder, which took place not long after the occurrence of this accident.

The recurrence of the disease after an interval of more than two years, was in the manner of its return similar to the first attack. The fits were light and occurred at long intervals at first, but they soon increased in severity and frequency, and continued in this way through the subsequent four or five years. During this period he burried his wife, but was married again at thirty years of age; and Mr. B. states that after his second marriage his attacks of epilepsy were less frequent, and were lighter than they had been for several years previous to this event. But in 1847, his second wife died, and after the occurrence of this event, his attacks, he states, were again more frequent, and aftee a time, became as aggravated as ever.

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*The inquiry has been frequently made, whether in any case I have observed "discoloration of the skin to have occurred in patients, from topical applications of the nitrate of silver?" In no instance in my own practice, has such an event ever occurred.

Several years ago a young clergyman, laboring under chronic laryngitis, called on me for medical treatment, whose skin I observed, was dyed of the peculiar tinge of the nitrate of silver, and who, on my inquiring into the cause, gave me the following statement. Some eighteen months before this gentleman came under the care of a surgeon of this city by whom he was treated, for a period of six months, by daily applications of a strong solution of the nitrate of silver, not to the larynx, but to the pharynx and œsophagus of this patient. A large sponge capable of holding a great quantity of the fluid, was employed for this purpose. Consequently, at each application, from half a drachm to a drachm of the solution found its way into the patient's stomach. Failing to reach the disease, which was located in the *larynx*, the Doctor gave the instrument to the patient and directed him to continue the treatment. This was done. The patient repeated the applications daily, for eight months longer, making in all fourteen months, during which time the gentleman was taking daily into his stomach a full dose of nitrate of silver! Permanent discoloration of the skin, as might have been anticipated, followed this treatment.

Under appropriate applications to the larynx, this gentleman, in the course of a few weeks, was relieved of his malady; but the discoloration remains, and his case has been frequently noticed by the Medical Journals, and he has been exhibited before one Medical Society of a neighboring State without the above explanations, as an instance where the topical use of the remedy had resulted in producing a tinge of the patient's skin.

Early in September, 1852, Mr. B. called on me for medical advice, at which time I learned the history of his case, and his then present condition. His mind had been greatly impaired by the severity and frequency of the attacks. For a period of four years, preceeding the above date, the fits had come on, not only daily, but generally several would occur every day, and not unfrequently as many as six or eight attacks would take place every twenty-four hours. If he escaped a single day, as was sometimes the case, he was sure to have an increased number on the following day. The attacks were sudden, frequently dashing the patient with the greatest violence on the ground, and often causing the infliction of serious injuries. Nothing like *aura epileptica*, or any other premonitory symptom, was observed by the patient or his friends to precede the fit. The seizure would occur under all circumstances, when walking the street, when sitting quietly in his room, or in church, and frequently during sleep. Every part of this patient's person has been more or less injured by the violent falls on pavements, curb-stones, and other dangerous places, when thus attacked. Twice has his arm been broken, his head frequently cut open and the skull laid bare, and several of his fingers have been broken and dislocated, by his falls. Indeed, for years has the life of this patient been one of perpetual suffering and danger.

After learning the history of his case, I informed Mr. B. of the views entertained by Dr. Hall, and of the operation proposed by him, for the treatment of certain forms of epilepsy. He at once expressed an earnest desire that the operation should be performed in his own case.

The fact that the disease had been once arrested, for a period of two years, by medication, convinced me that it was not dependent for its cause, on organic change of structure, and I promised Mr. B. that I would consult with my colleague, Professor Carnochan, and if he coincided with me, in regard to its propriety, the operation should be performed. On stating the case to Dr. C., he regarded it as one for which the operation of tracheotomy was particularly indicated; and accordingly the day was appointed, much to the gratification of the patient, when the operation should be performed. At this time Mr. B.'s attacks were very frequent, generally six or eight fits were occurring every day. His mind was considerably affected, he was dejected, and his memory much impaired. In this state he again called on me a day or two before the time appointed for the operation, and urgently requested that

it might be performed at once, declaring that he would undergo any treatment that would afford the smallest hope of relief from the misery he endured.

In reflecting on this patient's case in connection with the theory advanced by Marshall Hall, I recollected the fact, that spasm of the glottis occurring in my practice, in laryngeal disease, had in many instances, yielded to the local applications of nitrate of silver to the larynx; and at this interview, I proposed to Mr. B. to try the effects of *cauterization of the larynx*, before having recourse to tracheotomy. He consented, and with a sponge-probang I immediately applied a strong solution of the nitrate of silver to the interior of the larynx. At this first application of the remedy to the larynx, I remarked the unusual insensibility of the parts to the local irritant; for, although the ordinary caution, that of cauterizing the pharynx and opening the glottis before passing the probang into the larynx, was not adopted, yet not the slightest cough or apparent irritation was induced, notwithstanding the sponge, charged with a strong solution of the salt, (45 grs. to the oz. of water,) was carried deep into the larynx. On the following day the patient returned, and the application was repeated, and this was done daily for five or six consecutive days. It should be remembered that when this local treatment was commenced the patient was having some six or eight attacks of epileptic fits, daily; and that with the occasional exceptions, of which I have spoken, these attacks had occurred daily, during a period of four years. After the first application of the nitrate of silver to the larynx, the spasms ceased, and *Mr. B. passed over a period of ten days without having a single epileptic attack.* The change that took place in this period in his mental powers was as marked as that which occurred in the diseased nervous functions. His mind, before obscured, became clear, his memory improved, and he exhibited a spirit bouyant and happy when freed from the evil spirit which had so long possessed him.

This intermission continued until the *tenth* day, when after having been exposed to considerable excitement in the transaction of some business, he had a slight epileptic attack. On the two or three following days he had several attacks on each of these days. The treatment was again renewed, and after a few cauterizations of the larynx the spasms again ceased, and the patient escaped through another period of ten days when the attacks came on as before. It was now apparent that the disease partook of that intermittent character.

which has been observed by Dr. Babbington and other writers on Epilepsy.

The attacks had occurred so constantly, through so long a period of years, that I could not learn that anything like periodicity had been before observed as a characteristic of the disease in this case. This feature, however, was so apparent now, that I determined to try the effect of quinine, in order, if possible to break it up.

Again were the applications of the nitrate renewed, and in order to produce as much effect as possible on the larynx, the strength of the solution was increased to eighty grains to the ounce of water, and sponge-probang, nearly straihgt, being used, the applications were carried through the larynx and trachea to the bronchial bifurcation.*

As in each instance before, the spasms ceased after continuing the application a few days, and passing the critical period; but as the patient approached the termination of this second *decade*, he was directed to take ten grains of quinine daily, for several days. This was done, the applications were continued, and the patient passed over the critical period, and on the *nineteenth* day, without experiencing the slightest attack.

In this period of immunity from the disease—a longer period than had occurred in many years—Mr. B.'s spirits and general health improved constantly, and he occupied himself in his business (that of collector) almost daily, during this interval. But near the close of the nineteenth day, or about the commencement of the twentieth, his disease again returned, and the fits occurred as before for several successive days. There was no difficulty, however, in arresting the spasms by the topical treatment, as soon as this period was passed; and this has been the case up to the present time. That is, no difficulty occurs in arresting entirely the attacks of epilepsy, for a period of from ten to twenty days, during which interval the patient appears in excellent health, in good spirits, and in the possession of his ordinary mental powers.

In three instances, since the commencement of this treatment, has the patient been carried over the first decade, but in no instance, as yet, have we been able to get over the *twentieth* day, without a return of the disease. At this present ime, January 27th, he is on one of his *intermission* periods,

*At the present day, Mr. Editor, I trust this assertion can be made without having one's veracity called in question, or endangering one's *status* in any medical society to which he may belong!

and he appears as exempt from all disease, and declares that he feels as well as he has felt at any time of his life.

As the patient has in only one instance, as yet, employed freely the anti-periodic remedy, it has been determined to enter again on its use, with the hope that by its *full* administration the intermittent character of the disease may be controlled, and the patient restored to permanent health.

Without endorsing all the views advanced by Marshall Hall, on the nature and treatment of some of the diseases of the nervous system, I am prepared to admit that the practical results in this case have already been such as to warrant the conclusion that in epilepsy not originating in organic lesion, a morbid condition of the larynx may constitute the essential connecting link between the primary exciting cause of the disease and the subsequent convulsions; and to warrant the hope that in recent cases of inorganic epilepsy, we have it in our power, by an entirely safe and facile mode of treatment *to break up this connection*, and arrest the disease.

*January* 27, 1853.

*Traumatic Tetanus.*—By G. T. Stull, M. D.—A negro girl, the property of W. H. Blakeage, about seventeen, healthy, full habit, copper complexion, (had a sister subject to fits,) on the 30th of September last stuck a splinter under the nail of the middle finger. Four days after the accident, she complained. It had festered at the end of the finger. An attempt being made to extract it, she was suddenly thrown into violent tetanic spasm. To-day, Nov. 2, A. M., I was called; found her speechless, and apparently unconscious, with jaws firmly clenched, hurried respiration, quick pulse, some flexibility of the extremities at the intervals between severe tetanic convulsions. During the spasm she was thrown backwards as in Opisthotonos. The finger, and even radial nerve and cervical plexus of nerves, were very sensitive; any irritation or pressure on these parts would produce a convulsive spasm. I administered chloroform, by inhalation, until completely under its influence, and cupped freely over the irritable spine. I was now able, with the handle of a strong iron spoon, to prize the teeth apart sufficiently to get into her mouth *morph. sulph. gr. ii.* mixed in a teaspoonful of chloroform. I cut off about half of the ball of the finger, including half of the nail, from under which I dissected the splinter and applied a poultice medicated with extract of Belladonna.

5 o'clock, P. M.—To my surprise, found her free from

spasm, but in a perfect agony of sensibility to sound or touch, with an inordinate craving for something "pretty," or something good to eat or drink, and as soon as swallowed, almost immediately ejected. I ordered a brandy *toddy* and hot foot bath. She became more quiet and slept some through the night.

November 3d, A. M.—She became very cold early this morning, and again seized with tetanic spasm, intermitting and recurring almost instantly. I gave a mixture of

Quinia Sulph. ʒss.
Aqua Laur-cerasi ℥ss.
Morph. Sulph. grjjj.
Accacia Mucl. ℥jjjss.

Table-spoonful every two hours—reapplied cups to the spine. She became quiet soon after the first dose.

5 o'clock, P. M.—I returned and found her comparatively easy; pulse reduced from 98 to 64, under the sedative influence of the above mixture. Ordered a little coffee and a mustard foot bath at bedtime, and sinapisms to the extremities if she became cold again.

Midnight.—Called to ride four miles, through mud and rain, to find patient and nurse both asleep. The cause of alarm was the patient's becoming "unwell" copiously and suddenly, for the first time in her life, (as 'twas afterwards ascertained). This was mistaken for hemorrhage of the bowels.

Nov. 4th.—Doing well.

Nov. 5th.—Found her stupid, though still morbidly sensitive to touch. I gave her a table-spoonful of Liquor Ammonia Acetas. She soon began to talk, sing, and laugh excessively.

Nov. 6th.—The left side of her face—the right hand being the one wounded—is drawn, as if paralyzed, the eye a little swollen and red; complained of pain on that side of the head. Gave a dose of *calomel and rhei*—cupped the side of the neck and applied a blister to the temple.

Nov. 7th.—Better, the lower lip only on the left side is swollen; complains more of *her feet*—friction on them, or the heat of the fire, makes her head "go round," she says.

Nov. 8th.—This morning the *right side of the face* is affected, the right eye red and painful; *feet* still very *sensitive*. She is evidently better and worse alternate days.

Dec. 20th.—She has convalesced very slowly; for more than three weeks was not able to walk, in consequence of the

*sensitiveness of the feet.* When setting down at work she appears quite natural, but when she gets up to walk, her countenance is distorted, and her movements resemble one with chorea, and soon she is thrown into spasm.

This case is interesting for several peculiarities. The complete cessation of spasm under the use of chloroform and morphia, for ten or twelve hours, and its return again; the acute sensitiveness of the nerves of sensation; the *hemiplegic symptoms of the opposite side, and the sensitiveness of the feet,* pressure on which, or friction, would produce symptoms of chorea and spasm.

January 1st, 1853.—The case is perfectly well, though peculiarly hysterical at her "periods."

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# Miscellaneous.

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*An Instance in which Vaccinnation protected a Whole Family after one Member of it had the Disease fully developed.* By Zachary Lewis, M. D., King & Queen County. —On the 25th of June 1851, I was called at night to meet Dr. Robison to see a little girl about twelve years of age, a daughter of Mr. E. W., deceased who, it was said, had the measles. On entering the room, to my astonishment I found she was literally covered with eruption of confluent small-pox.

The history of the case is this: She had been carried to Baltimore some two or three weeks before, where she was exposed to variola infection. She returned home, however, and continued as well as usual until Wednesday, the 18th, when she was taken with a high fever, pain in the head and back, and all the symptoms, as was supposed by the family, of measels. About Saturday an eruption made its appearance on the face, arms and breast, when I considered it a genuine case of confluent small-pox. The family became greatly alarmed, as the children, several in number, together with a numerous family of negroes, had never been vaccinated. Mr. W. in his lifetime having had no confidence in the protection afforded against small-pox by the vaccine disease, never had any of his family vaccinated. We decided at once to vaccinate the whole family; but as neither of us had matter at the time which could be relied on, it was not done till the next day.

A young lady of the family had been sleeping on the bed with the patient and several small children were constantly in the room during the whole course of the eruptive fever, (up to Wednesday night.) I continued in attendance until Sunday morning, at which time my services were dispensed with.

The case terminated fatally on the next Thursday afternoon, when I was again called in to see the family, who had been vaccinated. I found on examination the vaccine matter had taken most beautifully. The patients had no eruption, except the pustule on the arm, with the exception of the eldest son of Mr. W., who had a considerable number of pustules, but not more than I have seen in patients who had not been exposed to small-pox virus. He had no more fever than the rest of the children, and continued to walk about the house and yard during the whole time.

*Rheumatic Affections at La Charite.*—"We may mention," says one of the editors of the Charleston Med. Journal, in a recent letter from Paris, "the practice pursued by M. Briquet, at La Charitè, of tapping a knee-joint affected with articular rheumatism, and after drawing off the fluid, injecting with much benefit and apparently without danger, a solution of tincture of iodine. He is in the habit of treating cases of rheumatism characterized by neuralgic symptoms, irritable condition of heart, for example, in which digitalis is not indicated, with the di-sulphate of quinine, in doses sufficient to induce and keep up its influence. We carefully watched, from day to day, cases under his care, which have recovered entirely after its employment. The theory is: the sedative influence of this tonic on the nervous and circulatory systems, whch given in quantities sufficient to produce quinism."

*Pinto Indians.*—Dr. Edw. Ludlow, of New York, communicates to the Medical Times, of that city, some account of a peculiar class of aboriginal inhabitants of certain parts of Mexico, received by him from Col A. C. Ramsey, formerly of the U. S. Army. It seeme they are a race, poor and ignorant, living mostly in villages by themselves, near the city of Puebla, speaking the Aztec language, and distinguished by different colored spots—"Pintos," or painted people. No two of them are alike. Some have one hand black and the other white, and the face a spotted gray, blue, black or red, and the body the natural Indian color. No authentic account could be obtained of this singular race of beings, nor does

their disease seem to be well understood. It is probable, however, that it is merely cutaneous, and not in any degree contagious, and no more hereditary than are the habits which in a long course of years have probably given rise to it.

*Dr. Marshall Hall.*—This distinguished English Physiologist, who has made such elaborate investigations of the functions of the nervous system, is now in the city of Washington, accompanied by his lady and son. We hope to have the pleasure of extending to him a courteous hand in the West.

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# Obituary Notices.

*Death of Dr. Duncan.*—At a meeting of the Miami Medical Society, held in Madisonville, Hamilton county, Ohio, on Tuesday, the 28th of March, 1853, it was unanimously resolved, that a committee consisting of Drs. Wright, Black and Shaw, be appointed to draft resolutions expressive of the sentiments of the association on the subject of the demise of their late Vice-President, Dr. Alexander Duncan.

The committee report as follows:

Dr. Duncan was a native of Pennsylvania, where he studied medicine. He migrated west, and settled in Madisonville in 1816, where he devoted himself seduously to the practice of his profession, in which he acquired a deservedly high reputation. In the year 1827 he turned his attention to politics, and soon became a leader of the party to which he had attached himself. To aid him in his political course, he had devoted a considerable portion of his time to the study of law, and on the 27th of May, 1828, was admitted to practice in the several Courts of Ohio. On the 25th of December, 1828, was admitted to practice in the District Court of the United States. On the 3d of March, 1837, the degree of Bachelor of Laws was conferred on him by the Trustees and Law Faculty of Cincinnati College. On the 20th of February, 1838, he was admitted to practice in the Supreme Court of the United States. In 1837, the Medical College of Ohio conferred on him the honorary Degree of Doctor of Med-

icine. He was elected a member of Congress in 1836, re-elected 1838, and again in 1842.

Such was the man who was so suddenly and mysteriously removed from among us—loved by his family, respected by his friends, and honored by the people. He was a man of high education, pleasing and unassuming manners, and in industry most indefatigable. Whatever he undertook he was bound to go through with, and everything he attempted to do he did well. *"Non tam tetigit quod non ornavit."*

*Resolved*, That we the members of the Miami Medical Association, deeply lament the sudden and unexpected death of our late Vice-President.

That we sincerely sympathize with the bereaved widow and family, in the melancholy event that has deprived them of a husband and father.

That to us, as an association, the loss of such a man, at such a time, is irreparable. His wisdom and experience were our guides, his urbanity and goodness of heart the incentives to our conduct.

THOS. H. WRIGHT,
JEFFREYS H. BLACK, } Committee.
ROBERT SHAW,

*Death of Professor Wm. E. Horner.*—"Died on the 12th of March, at his residence on Chesnut street, Philadelphia, Dr. Wm. E. Horner, Professor of Anatomy in the University of Pennsylvania. The deceased had been in ill health for some time, and finally sunk under a disease of the heart."

To the *Alumni* of the University of Pennsylvania this announcement will bring a train of melancholy reflection. The spacious amphitheatre, to which the eye of memory so often turns with pleasure, where his profound teachings have so long rivited the attention of his admiring pupils to the intricate labyrinths of the human system, will now seem dark, desolate, and forsaken, for one of the great lights that illuminated its walls, has been extinguished.

As a teacher of anatomy, Dr. Horner had few equals among the living, and perhaps no one on this Continent could claim that distinction. There may be some who could make a more brilliant display of elocution,—who could indulge in more dazzling flights of imagination, and who could more completely captivate their hearers in an introductory lecture, but few could equal him in that clear, systematic, simple and patient style, that is so essential to the study of anatomy.

Dr. H. was connected with the University in the capacity of a teacher, for a period of thirty-two years. He was elected Adjunct Professor of Anatomy to Dr. P. S. Physic on the 5th of December 1820, and on the resignation of Dr. P. in 1831, he was elected Professor, to fill the vacant chair. The able manner in which he performed his duties, is recorded in the history of the school; but none are competent to appreciate his merits, but those who have listened to an entire course of his instruction; and to these, any eulogy we could give, would but feebly revive the indellible impressions already fixed upon their minds.

At a meeting of the Physicians of Springfield, convened at the office of Dr. Rodgers, on the morning of the 18th of February, 1853, in consequenc of the sudden decease of Doctor G. H. Bunyan; Dr. Gillet was called to the chair, and Dr. Bruce appointed secretary. On motion of Dr. Rodgers, a committee of three was appointed to prepare resolutions expressive of the sense of the meeting. The chairman appointed Drs. Rodgers, Bruce, and Paoli, said committee. The committee, after having retired a short time, presented the following preamble and resolutions, which were unanimously adopted.

*Whereas*, it has pleased Almighty God, in his wisdom, to call away, suddenly, from our midst, our friend and professional brother, Dr. G. H. Bunyan, therefore,

*Resolved*, That while we bow with humble submission to this dispensation of Divine Providence, we would regard it as a most mournful evidence of the uncertainty of the tenure by which we hold our earthly existence, and a most solemn warning addressed to each of us—"Be ye also ready."

*Resolved*, That in the death of Dr. Bunyan the Medical Profession of this city has lost one of its most active and zealous members—and community a valuable citizen.

*Resolved*, That we sincerely sympathize with the relatives and friends of the deceased in this their sad and sudden bereavement; and as, a testimony of our regard for the memory of the deceased, we will attend his funeral in a body.

*Resolved*, That a committee consisting of Drs. McCollough, Hackenberg, and Foster, be a committee to confer with the friends of the deceased, and make the necessary arrangements for attending the funeral.

*Resolved*, That the proceedings of this meeting be published in the Western Lancet, Ohio Medical and Surgical Jour-

nal, and the papers of this city: and that a copy be furnished the widow of the deceased.

B. GILLET, Chairman.

A. BRUCE, Secretary.

*Eulogy on* E. K. CHAMBERLIN, *delivered by appointment, before the Medico-Chirurgical Society of Cincinnati. February,* 1853. By J. F. WHITE, M. D., Professor of the Theory and Practice of Medicine in the Miami Medical College, of Cincinnati, Published by resolution of the Society.

*Members of the Medico-Chirurgical Society, of Cincinnati:*

Again have we been reminded of our mortality! Once more has the "grim monster" invaded our Association and prostrated a fellow-member. A short time only has elapsed since Shotwell, Harrison and Drake, whose loss we will ever deplore, succumbed to this insatiable power; and but yesterday, Chamberlin fell, opening afresh our former wounds, and again causing sadness to pervade our breasts. The former died at home, surrounded by kindred and friends, watched over by those who loved them best; the latter deceased far away from home, from kindred, from friends and associates. Upon ocean's wave he drooped, he died, and in the deep blue sea lies buried. Few men have lived who won more hearts than he whose death we mourn. His personal appearance and manners favorably impressed every one with whom he came in contact. A fine, commanding figure, expressive, benevolent countenance, easy, affable manners, predisposed all in his favor. At the same time that gentleness was one of his characteristics, any one but the most careless observer could see evidences in his physiognomy of decided character. No man could wilfully wrong him and go unscathed. The latent fire which smouldered in the company of his friends, would soon enkindle under provoking circumstances. There was no hypocrisy in his constitution. He did not think one way and act another. His position was alwas defined. If he loved, he manifested it; if he hated, he evidenced it. You could always tell where to find him. Bold, independent, fearless, he uttered his sentiments irrespective of consequences He was a *true man*. Upon his word you could rely, in his integrity repose, in his bosom confide. Socially, respected and loved; politically, admired and honored; professionally, skillful, considerate, tender; commanding, at home and abroad, in civil and military service, universal commendation.

It may seem to some of you that I am giving Chamberlin undue praise. It may be that the brilliancy of his merits blinds me to his imperfections. He, undoubtedly, had faults. "Let him that is without sin cast the first stone." I speak of him as he has been daguerreotyped on my mind and heart. In like manner have others written. One of his numerous friends in California thus writes: * "A favorite and cherished son of California, and of the Union, E. K. CHAMBERLIN, *is no more!* How many friends of this noble-hearted and gallant specimen of his race were startled at the news brought by the mail steamer *California*, of his death and burial at sea. It came like the wailing requiem of the cherished dead, borne on the ocean breeze—an anthem dirge by the angel of death, as he waved his dark wing over the waters of the mighty Pacific. To the multitude who knew him, the sad news was as mournful as it was unexpected. To the few who knew of his contemplated return to a land that shared so largely in his affections, and which occupied so much space in his noble and generous soul, who looked forward with emotions of pleasure to a reunion with one whose friendship was so highly valued and cherished, the news was indeed melancholy and sad.

"It was my fortune to know the deceased intimately for years, and, with a host of others, I can bear testimony to his correctness of deportment in all the varied relations of life, to his uprightness and integrity of character, his kindness of heart, and his noble and generous nature."

Dr. E. Kirby Chamberlin was born in Litchfield, Connecticut, April 24th, 1805. When he was ten years old, his father removed his family to Eldbridge, Onondaga county, New York. At the age of eighteen, he commenced the study of Medicine with Dr. E. Kendrick, (the present worthy superintendent of the Ohio Lunatic Asylum,) and in the spring of 1829 received a diploma from the College of Physicians and Surgeons of the Western District of New York.

The first year of his professional life was spent in Jordon, Onondaga Co., New York. In the spring of 1830, yielding to the urgent solicitations of his friends, he removed to Wadsworth, Medina Co., Ohio. With his locality, however, he was not satisfied, and after a sojourn of a few months only, removed to New Brighton, Beaver Co., Pennsylvania, where he resided twelve years, actively engaged in the practice of his

* E. R. Campbell, who was with him when he died.

profession, and a portion of the time, discharging with energy, ability, and faithfulness, the duties of editor and post-master.

Fond of music, and an accomplished musician, he devoted a part of his leisure time to the gratuitous instruction of a number of instrumental performers.

Nor did his active spirit rest here. He organized, and to a great extent at his own expense, equipped a company of Light Horse, of which he was Captain for a series of years.

"In that section, as elsewhere," says a correspondent, "he was an universal favorite. As a surgeon and consulting physician, he was sent for from long distances, by the people and by the profession."

In 1842, he came to this city, and devoted himself entirely to his profession. As a general practitioner, he stood high, and in surgery, was pre-eminent.

In 1846, he had the great misfortune to lose his wife; this affliction weighed heavily upon him. He became restless and discontented. Under these circumstances, he entered the army. Col. Mitchell, of the first regiment of the Ohio Volunteers, tendered him the post of surgeon, which he at once accepted, and fortunate, indeed, was the Colonel in his selection. *Infinite* the obligations under which he rests, to Surgeon Chamberlin. By his skill and unwearied attention, the limb and life of the Colonel were saved. But he was not the only one of that regiment to whom he proved a saviour.

"At the bloody battle of Monterey, he distinguished himself above all others of his profession, for his boldness and daring on the field, and the skill and attention to the wounded under his charge. He did not, as is usually the custom, wait for the wounded to be brought to his quarters, away from the danger and confusion of the battle, but was present on the field in the thickest of the fight, risking his own life, to minister to the wants of those who needed his care and skill. There, with the death-dealing missives of the enemy, hailing around those

> "Who stood,
> Before the iron sleet that day"

he appeared to bestow his aid upon the wounded."

In the language of another, "how many who were with him on that memorable battle field, witnessed his heroism and devotion to his wounded countrymen—how many warm friends in all parts of our country, to whom he was endeared by all that goes to make up the true man, and who can bear witness

to his equally gallant bearing in the battles of life, will mourn his untimely departure. After facing danger in every shape, it was reserved for this gallant spirit to find his haven of rest in the deep bosom of the Pacific—a fitting mausoleum for one who had less of the grovelling nature of earth about him than ordinarily falls to the lot of frail mortality."*

"Upon the organization of the U. S. Boundary Commission, Dr. C. accompanied Col. Weller, with whom he had served in the war with Mexico, in the capacity of Surgeon of the Commission.

"Upon the occasion of the first election held in the State, after the adoption of the constitution, yielding to the united solicitations of the citizens of the precinct where he resided, he was returned to the Senate, from San Diego Co., and was unanimously elected to preside over the deliberations of that body upon its first convening, and in its temporary organization. In this capacity, as in all others, he proved himself amply worthy of the confidence reposed in him by his fellow members, and won the esteem and regard of all with whom he came in contact, in this new relation of life."

Every inducement was held out to him, to secure him as a resident of California. The honorable and lucrative post of Governor, was proffered him. Wealth and honors, would have been showered upon him if he had remained. But paternal and fraternal feelings interposed. Two noble boys far away from home; a beloved sister in delicate health, and having *them* in charge, forbid any longer separation. His sons were of that age *where* a father's superintending care was demanded for their welfare. In the chrysilis condition of California, the proper education and training of his motherless children would have been almost impossible. To home, then, he once more directed his steps, where he arrived in safety and improved health, and in our midst, would probably have been this moment, had not his health declined, and the apprehension that the fast approaching winter would aggravate his complaint, and hurry him to the tomb, ordered it otherwise. Ah! little did he think, as he fled from one enemy, another was ready to meet him, from whose grasp, he could not escape. The fever of the Isthmus, typhus in its character, insidiously approached him, obtained a lodgement in his system, which it was the more readily able to do, from the self-denying and exhausting efforts its noble victim made

*R. R. Campbell.

in aiding the women and children, who constituted a portion of the party with whom he traversed the exposing and rough Isthmus, separating the Atalantic and Pacific Oceans. No signs of disease manifested themselves until he reached the latter ocean, and had emparked in good spirits, upon the steamer, for San Francisco. Then the concealed poison manifested itself. Then "the fell sergeant, *Death*, was strict in his arrest," and Chamberlin was *no more*.

The following lines, by one of his gifted female friends and admirers, will be appreciated by all who knew him well.

"Far down in the Ocean's caverns deep,
Thou art now wrapped in peaceful sleep;
While on earth, the loved ones mourn,
That thou, who from their fireside borne,
Shal't never more return.
Yet, a noble grave is thine;
Beauty and grandeur here combine,
To ornament thy bed.
The glistening pearls that round thee lay,
Shine with a pure and heavenly ray;
Only outvied by that bright gem,
In thy celestial diadem.
The coral insects here have paved,
With gorgeous rocks, thy watery grave;
The laden vessel plows the deep,
And wild sea-birds o'er thee sweep;
The murmuring voice of wind and wave,
Breathes ceaseless dirges o'er thy grave.
Yes, troubled waters seem to mourn
In plaintive tones, that thou art gone.
No marble structure tells of fame,
But on many a heart, thy spotless name
Is found inscribed.
To them, thine image e'er shall be
Stamped on the page of memory;
Though bitter are the tears they shed,
They cannot rouse the from the dead;
For nought can break thy deep repose,
Till angels shall announce to thee
The morning of eternity."

CAROLINE T. C.

*A Word to our Patrons.*—From causes that were unavoidaple, the Lancet has not been issued as early in the month as we desired, but in the future we hope to be more prompt.

New subscribers are requested to send with their orders, the name of the *state*, *county*, and *post-office*, to which the Lancet is to be directed.

Correspondents will please to forward their communications, so that we may receive them the 20th of the month preceeding the one in which they are designed to appear.

We take a pleasure in calling the attention of our readers to the excellent paper of Professor Locke.

# Western Lancet.

EDITED BY

L. M. LAWSON, M. D.,

PROFESSOR OF PATHOLOGY AND THE PRACTICE OF MEDICINE IN THE MEDICAL COLLEGE OF OHIO.

AND

T. WOOD, M. D.

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## HOMŒOPATHY.

Under the impression that our readers were fully enlightened on the subject of *homœopathy*, we have not very recently, more than alluded to that miserable medical heresy, and should not now disturb itsinfinitesimal importance, were it not that a pamphlet of sixty pages, containing the proceedings of the "American Institute of Homœopathy," which assembled inBaltimore, in May last, has been placed on our table. There is an old adage, that the more you stir a fæcal mass, the greater the stench; and although we would not venture to deny the truth of the assertion, still we may occasionally venture to disturb an offensive substance, and thus acquaint ourselves with its real condition. With this feeling we turn the leaves of the pamphlet before us.

The ordinary proceedings of the "Institute" contain but little of general interest, indeed the whole affair seems to have been a spiritless business, in which the members engaged with far less than the usual ardor of senseless "reformers." One resolution, however, must constitute an exception to this remark. A Doctor

Williams, of Cleveland, suddenly endued with an overflowing Homœopathic enthusiasm, offered the following preamble and resolution:

"Since the practice taught in Allopathic Colleges is essentially empirical, and consequently cannot take rank with the scientific medication of Homœopathic Colleges, therefore,

"*Resolved*, That this Institute recommend to Homœopathic Colleges, that they do not, in their terms of tuition and the conditions of graduation, recognize a session spent in attendance at an Allopathic College as equivalent to one spent in a Homœopathic College."

This is, indeed, the unkindest cut of all! The regular profession will surely be clad in mourning, if they are to be thus unceremoniously rejected by *homœopathists*. But the Institute itself was more merciful than the *cruel* Dr. Williams. It meekly resolved to lay the resolution on the table; and we are left to infer that our Colleges may still be recognized as equivalent to those conducted by the little or nothing brotherhood.

The routine of business being over, the annual address on Homœopathy, by S. R. Kirby, M. D., of New York, was delivered "to an intelligent audience of ladies and gentlemen." Inasmuch as a question has been raised in regard to the actual *faith* of homœopathists, that is, whether they still adhere *theoretically* to the ancient dogmas of Hahnemann, we shall look into Dr. Kirby's Address with the view of deciding the question.

Dr. Kirby declares that the issue has fairly been made before the *public*, and heroically exclaims, "enlighten the people," and proceeds to designate the knowledge they require:

"Let them know that costiveness can never be *cured* by cathartics, and purgative medicines will not be used. Let the people understand that there is no such thing as tonic medicine; and they will no longer poison themselves and become weak by taking drugs, vainly expecting by them to gain strength. If the fact be universally known that drugs destroy life sooner than other agents, except lightning and mechanical injuries, few persons would be foolhardy enough to indulge in their daily use, either in small or large doses. Inform the people that it is absurd to suppose that a drug "can do no harm if it do no good," and we shall hear that pernicious saying no more. If it be known that to cure quickly is sometimes not to cure at all, and the knowledge and skill of a physician would not be estimated by his pretension to effect rapid cures. If the people knew that by violent medication a revulsive effect is likely to happen, and thereby a healthy organ become

diseased, which is the fact in thousands who are afflicted with chronic affections, and large and repeated doses of drugs would be refused."

No paragraph of similar length could contain more sophistry, if not palpable knavery. The main object, however, is to foreshadow the importance of *infinitesimal* doses, and to offer an apology for the tardy cures attending homœopathic practice. It is well known that those homœopathists who *do* give infinitesimal portions, rely on *time* and *regimen*, so that the course of medication is usually very greatly protracted. Hence Dr. Kirby's fulmination against "rapid cures," and sophistical plea for *tardy* medication.

Again he says:

"Moreover, the administration of *Mercury*, in the form of calomel or blue pill, for slight affections, which would, if left alone, go off spontaneously, may awake a slumbering consumption in those predisposed to that disease. This is subversion with a vengeance. So, also, will *Quinine* do irreparable mischief in healthy organs if administered in large and repeated doses, as may be seen in many persons who have had *intermittent fever*, and relied on that drug for a cure."

We do not apprehend that *many* cases of consumption have been produced by calomel or blue pill; and as to quinine in intermittent fever, we would greatly prefer the fancied dangers of the common doses, than shake on for weeks or months under homœopathic medication, relying on *good luck* to effect a cure!

The following extract contains a confession worth recording:

"In relation to Mercury I will remark further, that it has the effect to suppress a disease, or palliate it, and so much so, that the sick are deceived by it, and suppose themselves improved because their sufferings have changed. So certain, in this respect is Mercury, in the usual doses of the old school, that it is prescribed in that school on almost all occasions, and the people are so accustomed to its use by physicians, that they do not hesitate to take it without advice. Druggists, too, dispense it to the sick, little knowing the evil they may do. It was Hahnemann who discovered that Mercury, above all drugs, had the power to palliate almost all diseases and render them in many, very many instances utterly incurable."

Empirics never approach the subject of mercury without manifesting the most inexcusable ignorance and contemptible absurdities. No one having the slightest regard for logic or consistency,

would assert that mercury possessed above all remedies the power to *palliate* disease, but none to cure it! Such arguments, however, may do well enough to "enlighten the people," in accordance with the general course of deception pursued by empirics.

In the following paragraph we are furnished with a glimpse of the high attenuations:

"In homœopathic practice the popular opinion is, that the "small doses" can be taken with impunity, but it is now estab-tablished by the most careful experiments that the attenuated drugs of Hahnemann do influence the vital organism, and it is believed by many, much more profoundly than has heretofore been supposed. Those homœopathic practitioners in every part of the world, who habitually use the 30th attenuation of drugs, and even more highly attenuated, must have good reason for urging great caution in the repetition of the "small doses," especially in chronic diseases. They assert that the attenuated drugs are certain in their effects, and what is sometimes assumed as pure diseased actions uninfluenced in any measure by "the small doses," are in fact the effects of drugs which had been given, powerfully acting upon a highly sensitive person, so much so, in some cases, as to accelerate death."

The reader will not fail to remark the *cunning* of the last sentence. When infinitesimal doses *fail*, why then the failure is ascribed to the effects of drugs previously taken by the patient! That is convenient, very! Such a system, allowing such latitude for *evasion*, cannot fail to meet all emergencies. It is a little singular, however, that the morbid action produced by *drugs* cannot be cured by small doses as well as "pure disease." But it would not suit homœopathic logic to make such an admission, and hence this ridiculous assumption to "enlighten the people."

The author and the "Institute," adhere firmly (at least in theory) to the doctrines of Hahnemann, as will be seen by the following extract. Speaking of Hahnemann he says:

"He showed that those drugs which by experience had been found to cure complaints with such certainty as to secure to them the appellation of *specifics*, went to establish the law of cure "*similia similibus curantur*." Hahnemann concealed nothing. He made known the experiments which led him to the discovery of the law of cure, and that attenuated drugs in amazingly small quantities were the most safe and certain to cure diseases."

So, then, we are still to regard the homœopathists as contending for "like cures like," and "infinitesimal" doses. These are the two essential and fundamental doctrines of homœopathy, and

however much they may be departed from, in the emergencies of the sick-room, the system itself is to be tried by these essential laws.

After declaring that "Homœopathia is the only scientific system of medicine ever promulgated," that "experience proves that inflammations are cured more certainly and safely without extracting blood;" that morbid anatomy furnishes no guide to the treatment of disease; and that the old school has no materia medica worthy the name—the learned author branches off into a eulogy on the "*Materia Medica Pura.*"

D. Kirby professes full and implicit faith in the original experiments of Hahnemann, and declares that his "Materia Medica Pura" can never be defaced. He admits the Homœopathic dogma, that the remedy must be capable of inducing symptoms analogous to those of the disease. The following is his explanation:

"The doctrine of Homœopathia is, that all cures are accomplished by that drug the characteristic symptoms of which are like the characteristic symptoms of the disease. This is a plain proposition, yet few comprehend it. It requires some study and attention, or the exact meaning may not be perceived. I will try to explain it, for in it is contained the gist of Homœopathia. Now, every disease, properly so called, has certain symptoms peculiar to itself, which distinguish it from all other diseases; these symptoms are usually few in number, and they are generally the most prominent and striking, and they are termed diagnostic or characteristic symptoms, that is they belong exclusively to that disease. Then there are concomitant symptoms, more numerous than the first, which may be found more or less in other diseases; then come the symptoms which have been termed the sympathetic, which are numerous and common in almost all diseases. Now, examine the *Materia Medica Pura*, and it will be found that each drug has symptoms peculiar to itself, which are characteristic of that drug, and they are few in number; go on in the examination, and you will find concomitant symptoms, more numerous, and occasionally found in other drugs; then the sympathetic symptoms, which are very numerous, and almost common with other drugs. Let the characteristic symptoms of a disease correspond to the characteristic symptoms of a drug, then examine the concomitant symptoms of each and they will strikingly resemble each other, and so also will the sympathetic, but if the latter do not, it is not of so much importance. Thus you find the remedy—the homœopathic remedy, and experience has proved that the smallest dose is the most suitable, provided soon after its administration there is a slight increase in the force of the symptoms of the disease, to be sure of

which very close attention is necessary, and if allowed to act undisturbed a prompt cure will follow. I have thus, as briefly as I am able, explained Homœopathia. It will be perceived that there is no theorising in the doctrine and practice of it. As I have said, it is made up of facts, and being so, it can never change, not even by any new discovery. Nothing essential to Homœopathia is inconsistent with other laws of nature, hence the failure of every attempt to disprove it. Not an article in any journal or newspaper; not a pamphlet or book which has been put forth in opposition to Homœopathia, but has set up a figure of the imagination—a man of straw, named it Homœopathia, and then demolished it."

This is precisely what we have always understood to be the fundamental doctrine of the followers of Hahnemann, and yet Dr. Kirby complains that they are generally misrepresented.

We need not stop to discuss the propositions contained in the preceding paragraph, for they are sufficiently absurd to convey their own refutation to every candid and enlightened mind. Instead of these dogmas being in accordance with the other laws of nature, as asserted by Dr. Kirby, we have no hesitation in declaring that they are at direct and antagonistical variance with every known law of pathological or therapeutical action; and the Homœopathic remedies, as usually employed, do not in any tolerable degree, conform to the law of "like cures like." Thus, what symptom does camphor produce in any degree analogous to *cholera*, for which it was so extensively employed? And who can perceive any appropriateness, on the Homœopathic law, in giving aconite, ipecac, arsenic, opium, nux vomica, etc., for *pulmonary hemorrhage!* Surely nothing could be more absurd. And we might go through with the greater part of the whole system with no better success in finding the practice adapted to the theory.

It will be perceived by the preceding extracts, that the Homœopathists still adhere to the original doctrines of Hahnemann, and that the system is essentially the same that it was in the beginning. All of the absurdities and whimsicalities of its founder are fully adopted, and duly venerated by its advocates in this country; and however widely they may differ in *practice*, they are able to "enlighten the people" (that is, *delude* them) by the promulgation of their fanciful theories, which are so gravely christened *facts!* The people, (as usual in medical matters) mistake obscurity and nonsense for *profound science*, only a little too recondite for their

comprehension. But no matter; the less they comprehend, the more they believe, until finally when mysticism has become doubly refined, the adherents are excited to enthusiasm, and all absurdities become at once transformed into the fair proportions of truth!—This is *enlightenment*—at least the Homœopathic mode of "enlightening the people!"

# Original Lectures, Essays & Communications.

## LECTURE

*On Hooping-Cough.* By L. M. Lawson, M. D.—Treatment.—(Concluded from p. 142.)

I desire to draw your attention to another class of *topical* applications, still more important than those already named; these are, applications made *directly to the larynx*. The phenomena of hooping-cough show very clearly that, in the second period, the irritation manifests its greatest intensity, and longest duration, about the larynx; this is shown by the spasmodic cough, which becomes the most protracted and troublesome symptom. There is, indeed, some resemblance between this stage of hooping-cough and laryngitis, differing, however, in the specific character of the former; but the similarity in the ultimate pathological condition is so great that some topical applications become appropriate to each. It will be remembered that, in speaking of chronic laryngitis, the great importance of the topical application of *nitrate of silver* was mentioned; and recent observations induce us to believe that the same remedy is not less efficacious in hooping-cough. It has been employed by Dr. E. Watson, of Glasgow, and, as he informs us, with the best results. He observes that the remedy was applied when the disease was at its height, and when the paroxysms were occurring every fifteen minutes. Under this treatment, his patients seldom *hooped* longer than eight or ten days, the mitigation being obvious from the first application. He states, also, that the remedy was applied to cases in which the disease *seemed* to be commencing, and that it arrested all further development. It may fairly be a question whether these cases were really *forming* hooping-cough; but as they occurred in families where the disease prevailed, and exhibited the usual precursory signs of an attack, it seems not improbable that such was

the case; and if so, we are placed in possession of an important and valuable fact. We hope this question may be settled in the affirmative.

Dr. Watson employed the nitrate of silver in the proportions of from fifteen to forty grains to the ounce of distilled water, which was applied every second day, first to the fauces, and finally to the larynx. The usual strength of the preparation was fifteen grains to the ounce of water.

Dr. Watson submits the following facts in relation to the success of this treatment:

"M. Joubert, of Cherion, has used the topical treatment in 68 cases of hooping-cough, with the following results: (See the 'Bull. de Therapeutique' for January, 1852, and also the 'Edin. Monthly Journal' for May, 1852, p. 257.)

| | |
|---|---|
| A speedy cure resulted in . . . . . | 40 cases |
| Great relief and shortening of the disease in . | 20 " |
| No change in . . . . . | 8 " |
| Total, . . | 68 |

"The cases of the disease which I have myself treated, from begining to end, in this way amount at present to 57, in all of which a more or less speedy cure was effected, as the following statement will show:

| | | |
|---|---|---|
| 38 | Cases were cured in | from 10 to 14 days. |
| 19 | " " | 3 to 4 weeks. |
| 57 | | |

"Combining these two Tables, we have in the first place 125 cases of hooping-cough treated in this manner without one death. Only 8 out of the whole number resisted the treatment; of the rest, 78 were speedily cured, and 39 were greatly relieved and shortened. What better proof can be asked of the efficacy of the topical treatment of hooping-cough; and what now prevents its general adoption by the profession? Am I not warranted in believing that where it is so adopted much suffering would be saved and many lives would be prolonged beyond the first, the most interesting, but perhaps also the most dangerous, epoch of human existence?"

I have no doubt of the great efficacy of this remedy, and hope its merits may be more fully tested. It should be employed as directed in cases of chronic laryngitis.

*Miscellaneous Remedies.*—A large number of remedies, of very opposite characters, have been employed in the treatmen

of hooping-cough, which can not readily be classed with those already mentioned. Many of these preparations have been employed empirically, although some properly enough come under specific rules, and are administered on clearly defined principles. Some of the articles to be named might be classed as anti-spasmodics, other are tonics, and a third might be called alteratives; but as their classification would be altogether arbitrary, I prefer to mention the most of them under a general head.

The *asarum canadense* has been employed in hooping-cough, and seems to possess some virtues. The following formula has been given:

| | | |
|---|---|---|
| ℞ | Asarum Canadense | ℥j |
| | Alcohol, | ℥ij |
| | Water, | q. s. |
| | Sacch. Alb. | ℔j |
| | Vin. Ipecac, | ℥ss |
| | Cochineal, | ʒj |
| | Carb. Potass, | ʒjss |

Bruise the root, put in a displacement vessel, and heat, with six ounces of water previously mixed with the alcohol; continue the percolation until half a pint is obtained, then add the sugar, and with a gentle heat make a pint of syrup. When cold, add the other ingredients, and mix well. The dose of the preparation varies from a half to two drachms, repeated three or four times a day.

It is not a very *active* preparation; but it has seemed to me to possess useful properties. I am not able to affirm that it materially abridges the duration of the disease, but it has appeared to mitigate the violence of the cough, and to render the patients comparatively comfortable. It is, moreover, a very elegant preparation, and one that children, old enough to prefer pleasant medicine, will take, even with avidity. The other ingredients doubtless add much to the efficacy of the asarum canadense. It may be called the *Compound Syrup of Wild Ginger*. Its origin I do not know, but remember it was mentioned to me by Prof. Annan, now of Kentucky.

The *ioduret of silver* has been recently introduced in the treatment of hooping-cough. Dr. Charles Patterson treated a family of children, varying from one to ten years of age, very successfully with this article. He gave it in the form of pill, one-eighth of a grain to the youngest, and one-fourth to the oldest, repeated three times a day. He remarks that it produced the most prompt and beneficial results, and relieved

the patients in about ten days. Should similar success attend its use hereafter, it will be regarded as the most efficacious remedy in our possession. It certainly merits further trial.

The *nitrate of silver* has, also, been used internally, with some benefit. The following is Trousseau's formula:

| | | |
|---|---|---|
| ℞ | Aq. Distill. | ℥j |
| | Syr. Simple. | ℥ss |
| | Argent. Nit. | gr½ M. |

To be taken daily.

The *precipitated sub-carbonate* of iron has been employed with decided advantage. Steyman gave two and a half grains repeated every three hours, and adding, for every year beyond the first, one grain; but Dr. Lombard administered it in much larger doses, sometimes to the extent of twenty-four or thirty-six grains. He affirms that it produced highly beneficial results, which were manifested by lessening the force and frequency of the paroxysms. He gave it in the syrup or some cough mixture. The testimony is too decided to be rejected; still it is much more appropriate in cases of marked debility, without fever, than in the opposite class.

The *oxide of zinc* has enjoyed some reputation in this stage of the disease. Dr. Lombard, especially, praises it; and in cases of an *epileptic* tendency it produced very decided results. He gave it in quantities of from four to twelve grains a day. In *chronic* cases it may be useful, though I have never tested its virtues.

*Alum* has been strongly recommended by Dr. Golding Bird, in cases of bronchorrhœa. He gave it in doses of from two to six grains, to children from one to ten years of age, repeated every four or six hours. He usually administered it in combination with a narcotic, thus:

| | | |
|---|---|---|
| ℞ | Aluminis, | gr.xxv |
| | Ext. Conii, | gr.xij |
| | Syr. Rhœados, | ℥ij |
| | Aq. Anethi. | ℥iij,—M. |

Dose, a medium-sized spoonful for a child two or three years of age, every sixth hour.

Dr. Crossly Hull also employed it with great benefit. He gave of the powder of Alum doses of four or five grains to infants, increasing two grains for each year until the dose reached fifteen grains; for a patient aged fourteen years the dose was ten grains, which was increased two grains at a time up to twenty grains. The medicine was given eight times a day in a little water. He affirms that the cough often ceased

within a week, or less. Dr. Davis, of London, expresses great confidence in the efficacy of the Alum; and Dr. Condie coincides with the same opinion. It is, beyond doubt, a valuable remedy in hooping-cough, (and similar affections,) where there is a super-secretion. Dr. Davis prescribed two grains three times a day, for infants, and to those of greater age from four to twelve grains, in syrup.

Dr. Simon dwells on the importance of *diuresis* in the treatment of hooping-cough. For this purpose he recommends *nitred drinks*, and minute doses of digitalis; and, in more chronic cases, cantharides. The tincture of cantharides and lobelia, combined, are said to have been successful. Dr. Beaty, of Dublin, recommends the following:

℞ Tinct. Cinchon. Comp. ʒv
Tinct. Lytæ,
Tinct. Camph., a a ℥ss—M.

Medium dose, a tea-spoonfull three times a day, in linseed or barley tea.

We might greatly extend the list of remedies which have been employed against hooping-cough, but it would become tedious and unprofitable to do more than enumerate a few of those which have not been already mentioned. The *flowers of Sulphur* has been highly praised by Horst, Kopp, Jadelot, and others, in doses varying from six to twenty grain. *Sulphuret of potass*, in doses of ten grains, mixed with honey, was given by Blaud; the *arsenical solution* by Ferriar and others; the *liquor subacetatis plumbi*, by Forbes: *tannin*, by Subregondi; *cochineal* by many of the older writers; and a strong infusion of coffee, by Guyot. *Inhalation of Ether* was recommended by Willis; and *fumigation* with tar, benzoin, galbanum, &c., by others. Dr. Waddington advises the air of the apartment to be impregnated with tar, by keeping that agent boiling over a lamp. In addition to these remedies, it is proper to remind you that the alkaline carbonates have been often employed, and may be advantageously combined with any other agents with which they are not chemically incompatible.

I wish to refer to but one additional agent, namely, *vaccination*. It has been proposed as a *prophylaxis*, and also with the view of modifying the course of the disease. This question is not easily settled. Dr. Chevallier has published three successful cases. Dr. Thomas Adam has reported one striking case. In a family of two children, the eldest was attacked with hooping-cough, and, after having it several

weeks, the youngest one was also attacked. It was vaccinated on the third day of the disease, and the cough ceased when the pustule was fully formed; while the eldest, who was not vaccinated, continued to cough. Doctors Ferrari and Ambrofiis, says M. Blache, have often observed, during the course of vaccination, that hooping-cough was much less grave, and its duration sensibly abridged. Dr. Boccardi, having observed, in epidemic hooping-cough, that it was most severe with young children who had not been vaccinated, determined to try that remedy. The vaccination run regularly through its periods, seeming a little accelerated in some, and a little retarded in others; forthwith the mortality was arrested; the cough became of a middle character, and, moreover, the duration of the disease, which ordinarily exceeded forty days, was limited, in most infants, to three or four weeks. Many others have reported examples of hooping-cough being mitigated by vaccination. "I have had myself," says M. Blache, "occasion to know the happy influence of this means on an infant in the twentieth day of the disease. But, on the other hand, the trials which I have seen made at *l'hospital des Enfans*, and which were made with great zeal by Dr. Constant, produce no obvious result." (*Dict. de Med.*)

With these conflicting statements before us, and the very few satisfactory experiments and observations which have been made, we are without the requisite data for a positive decision of the question. It does seem, however, that vaccination, under certain circumstances, *has* materially modified the violence and duration of hooping-cough; and we are encouraged, therefore, to make further trials with the remedy. One precaution should be observed in such cases: it is applicable alone to simple cases; inflammatory complications altogether forbid its employment.

*Treatment of the third period, stage of decline, or convalescence.*—I need not detain you with any extended remarks on this stage. The disease gradually abates, and the patient requires but little, except a continuance of some of the same remedies previously given, and the use of tonics according to the state of debility. A change of air, a bland but nutritious diet, tonics and occasional narcotics, comprise the general course best suited to the third period.

*Treatment of Complications.*—It is equally unnecessary to enter into the details of treatment required in the various complications. This must be regulated by general principles and

peculiarities of each case. The treatment of cerebral affections, pneumonitis, bonchitis, pleuritis and intestinal irritation, must be regulated in accordance with the nature and intensity of those several affections, and the condition of the patient in which they occur. The most important consideration is, to recognize these diseases at an early period, and at once to modify the treatment accordingly. We shall find that physical diagnosis is indispensable in making these discriminations.

*Regimen.*—The regimen of the patient, throughout the whole course of the disease, must be carefully regulated. The diet should be of the most bland and unirritating character. Over-distention or undue excitement of the stomach greatly aggravates the cough, and, if often repeated, will render the whole course of the disease more violent and protracted. It is important to remark, also, that *free ventilation* during the activity of the disease, and an entire *change of air* during convalescence, are of the utmost importance. I would invite especial attention to the fact, that patients laboring under hooping-cough, emit a contagious or poisonous substance, which is capable not only of imparting itself to other persons, but reacts on the patient himself, and serves to keep up the irritation. An atmosphere in which patients are confined, soon becomes contaminated with this poison, which will aggravate the cough, and endanger life itself. It is highly important, therefore, to maintain a free ventilation, and, when convenient, occasionally to remove patients to other apartments. Nor is it less important during convalescence to remove the patient to a different atmosphere. Exercise in the open air, or a removal to another district, will often speedily arrest the lingering elements of a nervous cough, and soon impart vigor and health to a weak and debilitated frame.

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*Case of disease of the Kidneys, Ureters and Bladder.* Read before the Cincinnati Medical Society, at its March meeting, 1853. By P. J. BUCKNER, M. D. Published by request of the Society.

Nephritis, or acute inflammation of the substance of the kidney, is exceedingly rare as an idiopathic affection in early life.

MM. Rilliet and Barthez, decline attempting to give a description of its symptoms, on account of the very few instances of it that have come under their observation, although

they refer to some cases in which the congested, swollen, and indurated state of the kidneys after death seemed to indicate that those organs had been the seat of inflammatory action.

M. Rayer relates an instance or two where the presence of purulent deposites in the kidneys of infants a few weeks old gave positive evidence of their inflammation; but no symptoms observed during the lifetime of these children had called attention to their urinary organs. He mentions it, moreover, as a disease of very unusual occurrence in early life, and adds, that although he has seen cystitis follow the application of a blister in early life, yet, even in those cases there was no sign of irritation having extended to the kidneys.

*Albuminous Nephritis*, or that form of inflammation of the kidney which is usually met with in connection with general dropsy, is rather less uncommon as a primary disease, though in by far the greater number of cases, it is met with as a sequelæ of one of the eruptive fevers, generally of scarlatina.

It is under these latter circumstances only that it has presented itself to my notice. The following case whose history I am about to narrate, I deem one of rare occurrence, and which I shall denominate *Nephropyemia* or *Pyonephria*, accompanied by extensive *nephrotasia*.

The subject of this disease was a mulatto boy nine years of age, of spare and delicate make, lymphatic temperament, and well marked scrofulous diathesis.

His mother informed me that he had been troubled with incontinence of urine from infancy up to the time of his death. He was constantly in the habit of "wetting the bed" at night, and required unusual care and attention to keep him clean and dry through the day; notwithstanding she instructed him to void his urine frequently, to prevent accumulation in the bladder, at as early a period as he was capable of observing her injunction, still, he continued to suffer from stillicidium urinæ, to a considerable degree during the waking hours, as well as when asleep.

Although he did not thrive and grow as other children of his age, and often complained of "pain in his belly" and across his loins; no very marked symptoms of active disease manifested themselves till some time in July last. At which time, he began to complain of some pain and difficulty in micturition, with occasional hematuria. The blood sometimes preceding, at others following the flow of urine, while on other occasions it would be mixed with the urine.

He complained frequently of pain in the glands-penis, and

behind the symphasis pubis, with rigors and well marked exacerbations of fever of an evening. His tongue was coated with a white fur, appetite impaired, bowels inclined to constipation, skin hot and dry, thirst increased.

In the latter part of December 1852, his mother presented him to my partner Dr. Taliferro and myself for medical advice and treatment. At this time he was able to come to our office and walk several squares. After obtaining the history of the case as above detailed, and a careful investigation of his symptoms at the time, we were led to suspect the presence of stone in the bladder. We, therefore, introduced a sound and examined him several times, but were unable to detect any thing like calculus in the bladder.

It was evident, however, there was great irritability of the mucous membrane of the bladder, as the presence of the sound gave him great pain. His kidneys were implicated in the disease, as we conceived, but their true pathological condition seemed involved in great obscurity. The symptoms led us to the conclusion, however, that there might be renal calculi in the *pelvis* of the kidney, or in the ureter, giving rise to irritation, and thus causing hematuria.

We gave him the fluid extract of Pareira brava in teaspoonful doses three times a day, in a wine glass full of decoction of Buchu leaves, for several days, with manifest benefit, the pain lessened and the hematuria seemed to be arrested by its use; he also took the carbonate of potassa in mucilage of acacia, together with tonics, particularly the ferruginous preperations, but with very little apparent benefit.

In consequence of constantly increasing marasmus, and the absence of all anasarcous symptoms, we were not disposed to consider it a case of Bright's disease, or granular disease of the kidneys, still, his urine was chemically tested, several times during the progress of the disease, for the detection of the presence of albumen, both by heat and nitric acid, but without detecting its presence in any appreciable quantity.

About ten days before his death, he complained of great tenderness in the right illiac region. Upon inspection, we found a long oval tumour extending from the lumber region down to the brim of the pelvis, imparting a gaseous elastic feel to the finger, and an obscure sense of fluctuation. We were now induced to suspect the formation of *psoas abcess*, and deeming the case hopeless, a merely paliative treatment was continued, consisting of anodynes, warm fomentations &c.

He died on the——day of January 1853, and the next day a *post mortem* examination, revealed the following facts:

*Post obit examination.*—On opening the abdomen, the bladder was the first organ examined. It was found to contain about two ounces of urine of natural color, the coats were thickened and indurated, the mucus coat was corrugated and highly vascular, the ureters were enormously dilated and distended with urine; so large, indeed, as to resemble the small intestines, and lying in close proximity as they did, might readily have been mistaken even for the colon.

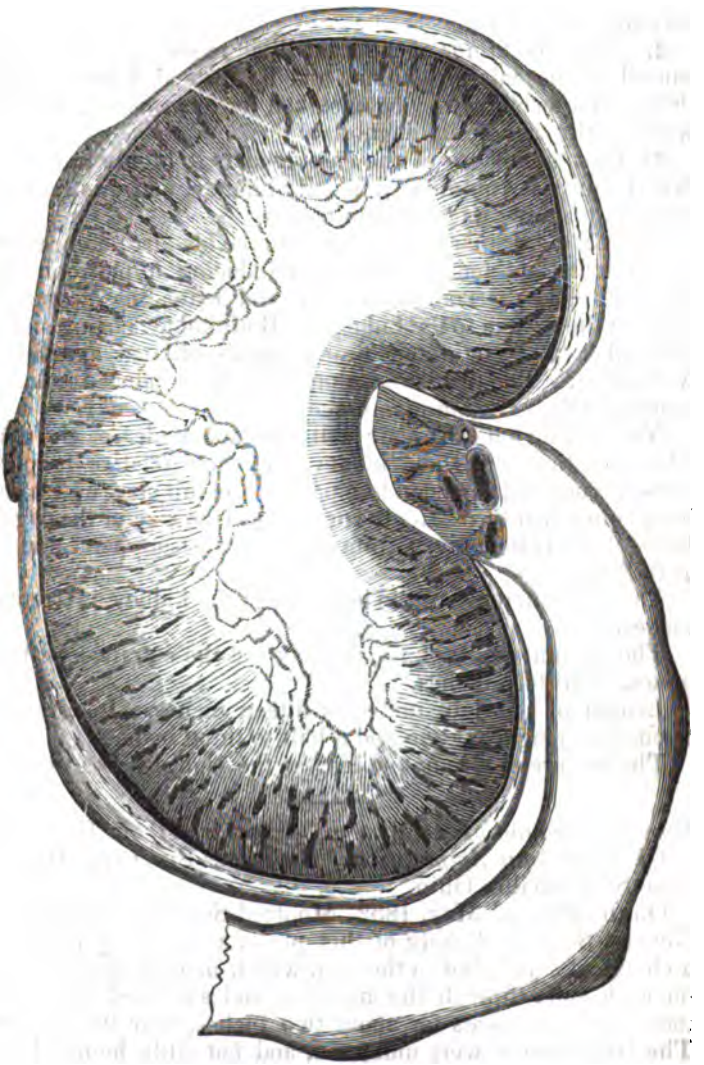
On tracing the ureter of the right side, which was the largest, to the kidney, that organ was found enormously distended with urine, and in a state of ulceration, its peritoneal covering being extensively adherent to the adjacent parts. Its glandular structure seemed entirely disorganized; pus was collected in various sacs or pockets, external to its cortical substance, and beneath its peritoneal covering, while its internal structure or uriniferous tubes were unfolded as it were, and distended into one great sac. Exhibiting the appearance of one continuous tube, the ureter, and, terminating in a large cyst, the kidney. Thus, illustrating most beautifully the anatomical fact, of the *tubular formation* of the gland, capable of being unraveled, as it were, by disease, and mechanical distention, and converted into a huge cyst.

For I apprehend that the thickening of the coats of the bladder in this case, impeded the flow of urine from the kidney into the bladder, thus causing an accumulation in the ureters, and throwing back its pressure upon the infundibula and unriniferous tubuli of the kidneys, producing the phenomena presented in the morbid specimen now offered for the inspection of the society.

It may be proper to remark, that we found no calculous or other concretions, either in the infundibula of the kidney or ureters; but they were enormously distended with urine or urino-purulent fluid. The formation of pus must have been of recent origin as we had not detected anything of the kind in the urine previous to death, and after death the small quantity of urine found in the bladder as before remarked, was clear and unmixed with either blood or pus, but apparently healthy; rather transparent than otherwise.

The left kidney presented similar morbid changes and organic leisons, but not quite so extensive. The kidney itself, was not more than two-thirds the size of the right; its ureter, however, was but a little less than the other. The messen-

teric glands were slightly enlarged, the stomach and intestines were extremely white and bloodless, the liver and other viscera of the abdomen presented nothing unusual in their appearance. The chest was not examined.



From the foregoing history of the case, we draw the following practical deductions:—

1. That organic diease of the kidneys, may exist to a very great extent and even approximate a fatal termination, without exhibiting any well marked symptoms characteristic of the mischief during life.

2. That the tumor of the right illiac region was evidently caused by the enlarged kidney and its distended ureter, and that such a swelling may be mistaken for *psoas abcess*, a point well worthy of note in diagnosis.

3. That the history of the case renders it highly probable that the disease commenced in early infancy, and was several years in reaching its fatal termination.

4. That the primary disease was in the bladder; commencing in irritation, and inflammation inducing hypertrophy of its walls—slowly communicating and extending upwards, through the ureters to the kidneys. Both kidneys being similarly affected, both ureters nearly equally dilated and filled with urine. The distention alone may have induced inflammation in the calycine membrane.

*Note.*—The annexed plate will give some idea of the distention of the ureters and kidney, and their relative proportions, though not intended to represent the full size, as I have been compelled to restrict the drawing to the size of the page. Its real size is here given, from accurate measurement, and is as follows:—

The circumference of the long axis of the kidney, is twenty inches.

The circumference of its short axis at the entrance of the ureter, is thirteen inches.

Length of the right ureter, is fifteen inches. Its circumference varying from two and a half to three inches.

The left ureter was not so long as the right by two inches.

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*Gun Shot wound of the Arm with Fracture of the Humerus Cured without Amputation.* By JAMES SINCLAIR, M. D., of Steubenville, Ohio.

On the 18th of May, 1852, Monford Stokely, only son of General Samuel Stokely of this place, accidentally received a charge of small shot in the arm, which made a large wound on each side, through the muscles, and shattered the bone into small fragments for about two inches, near its middle. The large vessels were uninjured, and but little hemorrhage followed the accident.

Being myself some miles from home in the morning, at the time of the occurrence, Dr. Hullihen of Wheeling, was telegraphed for. On my return I saw the boy, and gave my opinion that amputation might be safely deferred till evening, when the doctor was expected to arrive, and then a general consultation should be held with the physicians of our city, and the best course of treatment to be pursued, decided on in council.

Dr. Hullihen arrived at half past six, and a consultation immediately called—present Drs. Hullihen, Stanton, Johnston, Henning, Tappan, and myself. After a discussion of one hour and a half, it was unanimously agreed to postpone the amputation until a more potent necessity was apparent, and for the *present* only to remove the loose pieces, and to trim the extremities of the fractured bone. The outside wounds were so extensive, that there was no necessity for enlarging these, and Dr. H. removed with a forceps the pieces of bone, and with cutting pliars trimmed the ragged extremities.

The arm was then placed in an easy flexed position, and directions were given to use cold water assiduously, during the night, over it. The patient being subject to chorea, and symptoms of that disease being present at this time, one-fourth of a grain of morphium was administered to quiet the muscular system.

*May 19th.*—Saw the case in company with Dr. Henning. Subsultus in the muscles generally; pulse 110; tongue white and dry; skin hot; bowels unmoved; arm swelling.

We had ordered a tin case to be made conformable to the shape of the arm, so as to pass from above the wound down below the elbow. In this the limb was placed. An ingenious syphon was constructed by George Mason, Esq., our patient's half brother, by which a constant stream of cold water was made to pass over the arm, from the shoulder to the elbow, and then escape through the holes made in the tin splint.

Ordered Comp. Cathar. Pills, No. iii, and one-fourth of a grain of Sulph. Morph.

8 *o'clock, P. M.*—Pulse 100; heat of arm much lessened; subsultus controlled; bowels unmoved.

Cold water to be continued or omitted, according to the temperature of the arm.

One-fourth of a grain of Sulph. Morph. with the following pill to be given:

℞. Sub. Mur. Hydrarg, gr. i.
Ex Colocynth Comp. gr. v.

S. Pill to be repeated every four hours until the bowels open. The temperature of the room to be increased or moderated according to necessity. Strict quietude enjoined; lemonade or orange water allowed him to drink.

*20th*, 8 *A. M.*—Febrile symptoms and heat altogether subdued; slept well all night; but one pill taken; no action of bowels; no subsultus; eat toast and tea for breakfast; much encouraged; pulse soft, 120; free sanious discharge from wound.

℞. Pills two as above, every four hours, until bowels mov d; cold water applications according to necessity; the Sulp. Morp. if necessary.

*Half-past* 1, *P. M.*—Pulse 110, quick and sharp; subsultus in the arm, controlled however, by the morphine, of which the patient had two doses since last visit; very restless; placed him on a hard bed, redressed the arm by washing, &c. If bowels unmoved by 5 o'clock to give enema of salt water and molasses.

7 *o'clock*, *P. M.*—Enema administered as directed; bowels opened freely; pulse 110 and soft; tongue moist, skin cool.

℞. Morphia Sulp. of ¼ gr. when necessary to quiet subsultus.

*21st*, *at half-past* 3 *o'clock*—Was called, owing to general subsultus violently coming on; arm inflamed above and below wounds; pulse 115, quick and sharp; no evacuation from bowels since last visit; urinates freely; delirium from the effects of morphine, having had two doses.

℞. Musk gr. iij. to be repeated every two hours if necessary, and to resume pill of calomel and colocynth and continue one every four hours, until bowels are freely opened; to assiduously keep up the cold water applications to the arm.

9 o'clock A. M.—met Drs. Henning and Stanton. The musk controlled the subsultus; patient got a refreshing sleep; partook of tea and toast for breakfast—much encouraged. Wound dry and dark colored, although arm not so much swollen.

℞. Linseed meal with brewers yeast as a cataplasm to wounds, to be repeated every 3 hours. Musk continued, also pills as above.

3 o'clock P. M.—Poultices cleansing wounds well, discharges flowing moderately and very offensive. Pulse 90 and soft—no subsultus; patient in good spirits; arm suffers but little, and the swelling moderate.

℞. Musk, cataplasm, and pills continued.

7 o'clock P. M.—Discharges of purulent matter in quantity—suffers but little in dressing wounds; no febrile heat—pulse 90; no subsultus—swelling of arm decreasing—bowels umoved. Patients bowels being obstinately costive, one pill at 10 o'clock; no enema as patient was comfortable and inclined to rest.

22d. Patient comfortable and got a refreshing sleep—wounds discharging purulent matter mixed with blood; but little subsultus—bowels unopened—pulse 84 and full, though not strong—arm red and swollen below the wound and about the elbow.

℞. Enema, ol. recini, molasses and warm water ℥j.

Musk powder when necessary to meet spasmodiac action.

℞. Acet. plumbi, ʒj
Spt. vini dilut.
Acet acid, aa ʒiv
Aq. fluviales, ℥ij

To be applied by keeping muslin cloths wet with the lotion constantly.

From this day, no necessity for change of treatment took place, until the 9th of June, when splints with hinge joints were put on, clasping the humerus the whole of its length and a moveable splint for the fore arm to rest upon, adapted to the elbow bend by a crooked hinge. This apparatus was ingeniously contrived by Dr. Hallihen, who saw the patient twice up to this time. In the mean time the muscles contracted bringing up the fractured extremities of the humerus into apposition. The splint permitted regular dressing by the family without materially disturbing the fracture, and without removing it until the 3d July, when the splint was removed, and one on the same principle substituted rather larger with a better hinge joint, permitting the patient to rise and carry his arm in a sling. From this time the patient had the privilege to go about and take exercise walking and driving. On the 27th August, this same arm was again fractured above the osseous union, in an attempt to climb a fence, and it again united with but little or no inflammatory disturbance. He is now at date of this report at school, and but a few days back I saw a well written letter, penned by this same *non amputated arm* with the gratifying inelligence that all symptoms of chorea to which the patient before the accident was subject, like the witches in Macbeth "evanished into open air."

# Proceedings of Societies.

*Proceedings of the Cincinnati Medical Society, at its January Meeting.* Reported by J. P. Walker, M. D.

Society met at the residence of Dr. Richards.

President in the chair. Attendance very large.

The minutes of the last meeting were read, corrected, and approved.

The essay being in order, Professor Locke read a paper on "The Clinical Examination of Urine in the Diagnosis of Disease," which he prefaced by acknowledging the honorable position conferred on him by the Society—passed a high and deserved compliment on his predecessor, Dr. Richards, and said he felt great pleasure in attending the meetings, to see each member desiring to gain and give information, none appearing backward in confessing sins, and asking advice. It seemed to be a society for mutual improvement in the knowledge and practice of the profession of Medicine, adding that if we should adhere to this principle, we could not err. It will be unnecessary to give a synopsis of the essay in this report, as we hope to have a printed copy of this instructive paper, to place on the file of the Society.

Dr. Wright hoped the introduction of this subject, so long neglected, would lead to its more general consideration by the Profession, presenting as it does, such decided advantage in diagnosis. *He* had more particularly directed *his* attention to its condition in relation to pregnancy, for the purpose of ascertaining what reliance might be placed on the presence of kiestein as diagnostic of conception. In reference to this he had made some thirty or forty examinations, in all of which it was found to exist. If any member of the Society had investigated this condition, the result would be interesting to him to learn.

Dr. Carroll considered this subject presented so clearly by the Professor, as one of great importance, and one of those that a proper acquaintance with, would prevent the many errors committed in the treatment of disease. If it would not be considered inappropriate, he would furnish one example of carelessness and ignorance in diagnosis, which a few days since came under his observation. A married lady discovered a rather ominous tumor in the Hypogastric region, its

steady increase causing alarm, she determined on having medical advice; this was accordingly sought for from one of that class, justly designated quacks. It was immediately pronounced by him ovarian. Its continued increase despite the skill of this *Homo-medicino*, rendered further advice requisite, and of course obtained from one of the same class, whose treatment and opinion of the case was similar, as also were the results. A third was applied to, whose sage opinion was that it depended on a closure of the os uteri, preventing the escape of the menses, requiring for its relief merely an opening of its natural channel. Tapping was, therefore, resorted to, when much to the gratification of both patient and doctor, about two quarts of fluid followed the introduction of the instrument. A few days after, she was seized with violent pains, when (her last attendant being absent) Dr. C. was called upon and pronounced her in labor. This was confidently contradicted by both husband and wife and his departure consequent. No mitigation of suffering, however, taking place, his presence was again thought advisable, when he was able to present substantial evidence, in the shape of a six months' fœtus. The woman is now rapidly convalescing, despite the maltreatment of such a trio.

Dr. Richards, in reference to urinary disease, would present to the Society, the case of a physician of his acquaintance, who about five years since became depressed in spirits, every object presenting a gloomy aspect, and his reflections of a melancholy, foreboding dyspepsia, distressed him with all its concomitant feelings of *malaise*. This condition existed for two or three weeks previous to his noticing the appearance of his urine, (which he was led to, finally, by an attack of acute pain in the left ureter.) It was then high colored, became turbid on standing, depositing a large quantity of lithic acid. The pain continued for two or three days, opiates and warm baths, affording only partial relief. This at length, together with the dyspeptic symptoms disappeared, and at the end of four weeks, all was terminated by the passage per urethra, of two small mulberry culculi. Since that time there has been no recurrence of the disease.

Dr. Walker reported a case, which he was made cognizant of by a daughter of the sufferer, who had been treated rather extensively for pleuritis, without, however, affording relief. On the administration of a brisk purgative, thirty-six gall stones were found in the fœces, which first led to the discovery of the true nature of the disease. He related this, not only as

an instance of error in diagnosis, but for the purpose of obtaining information as to the treatment of this disease, or the mode of preventing its recurrence.

Dr. Grant reported a case of Menorrhagia, which had resisted all the means generally resorted to, for its relief, but readily yielded to ergot, given in 5 gr. doses, three times a day. For this he was indebted to Dr. M. B. Wright, at whose suggestion he used it.

Dr. J. H. Tate related the following case:

On Saturday afternoon, he was called to see a lady aged 35, of good general health, and the mother of several children. She supposed herself pregnant in her seventh month. Had not felt well for the last six weeks, since she carried home a heavy market basket. About forty-eight hours previous to her visit, she had experienced two or three strong pains, which she said resembled afterpains. She was at this time somewhat pale, but her pulse about natural; had no return of pains since the first attack. He was shown some bloody cloths, and a bloody liquid in the chamber, and supposed it to be a common case of premature labor, commencing. On examing the uterine region, could not discover the fœtal pulsation, though the uterine murmur was faintly perceptible. He concluded the child was dead. He next made an examination per vaginam and was surprised to find the os uteri closed, and not a clot, or stain of blood in the vaginal canal. Directed the patient to be put on the use of lead and opium and the discharges to be kept.

On Sunday morning, the general condition of the patient, was much as before, and he was shown a common sized chamber vessel about two-thirds full of a liquid, composed of blood, about one part mixed with, perhaps, two parts of some aqueous fluid. He again made an examination per vaginam, and found the parts as before. In order to satisfy himself as to the source of this fluid, he introduced a catheter into the urethra, and drew off about half a pint of fluid, precisely similar to that which had been previously discharged. A portion of this fluid was shown to several medical friends, who with one exception, thought it had not a urinous odor.

The woman supposed that she had latterly very much deminished in the size of her abdomen. She was now put upon the use of acids, and told to drink freely of lemonade.

This discharge of bloody water from the urethra continued without seriously affecting the womans pulse, until 4 o'clock on Wednesday morning, when she was suddenly seized with

strong labor pains, and a dead fœtus was expelled, supposed to be near seven months.

From this time the urine became more and more freed from admixture with blood, until by Friday it had assumed its natural character.

*Quere.*—Was this fluid a mixture of blood and urine, or of blood and liquor amnii, with a small portion of urine? The fact of the subsidence of the abdominal tumor, and the sudden alteration of the dischare after parturition, seem to favor the latter opinion; but the difficulty of imagining how a fistulous connection could be established, between the uterus and bladder, without more appreciable and violent symptoms, seem to incline us to the former.

He was not present at the delivery, but an experienced midwife who was in attendance, supposed that the usual amount of liquor amnii had been discharged. The woman had a "good getting up."

In reference to the use of ergot, he had lately tried it in tedious labor, when it seemed to produce torturing pains, without increasing the expulsive force, eventually requiring the aid of the forceps to complete the delivery. This case was attended with general œdema, and albuminous urine, which was generally regarded as decidedly prognostic of puerperal convulsions,—none, however, occurred.

The indications furnished by the pulsation of the fœtal heart, were represented as favorable in determining the viability of the child when above rather than below the natural standard; the case presented an exception to this also.

Dr. Wright said, that no dependence could be placed upon the condition of the fœtal circulation, as a source of correct prognosis, varying as it does with the amount of contraction during pain, and differing also during the presence and absence of pain. As regards the use of ergot, he has never known it produce contraction of the uterus, and further, that its curative effects are most manifest in those cases in which it is not intended thus to act; this is fully illustrated in its arresting threatened abortion, *not* by producing contraction, but by arresting hemorrhage, which would have produced it. *Dr. Grant* supposed that the continuance of the menstrual discharge in the case related by him, depended on a relaxed condition of uterus, and that the curative effects of the ergot depended on its restoring its tonicity.

*Dr. W. Judkins*, reported *two* cases of scarlatina without efflorescence; all the other symptoms were well marked

*Dr. Walker* enquired, if those children had had roseola previously.

*Dr. Judkins* answered in the affirmative.

*Dr. Walker* remarked, that the enquiry was made for the purpose of eliciting facts, in answer to a question some time since asked by him; as to whether the prior eruption of roseola will effect the appearance of the efflorescence in scarlatina.

*Dr. Conner* related a case of a boy, who had an attack of pleuretis some time since, which, owing probably to inefficient treatment, had resulted in empyemia. When first seen by him, he was pale, feeble, and had some difficulty in breathing; the side was considerably enlarged, and appeared to point towards one of the intercostal spaces. Deeming it necessary that the fluid should be removed, Dr. Mussey was called upon, who with a trochar and canula, drew off about 24 oz. of pus, since that time a discharge of about 2 oz. of pus per day has continued. He was anxious to learn what would be considered the most approved mode of treatment. He would add, that the boy is of a strumous diathesis.

*Dr. Buckner*, for Dr. Conner's encouragement, would give the result of his treatment of a case, somewhat similar in which the discharge continued for nine months after the operation. This man had carried the matter in his chest for *three* years, applying for relief during that time to all the physicians and quacks he could find. Dr. B. had frequently urged him to have the fluid removed, to which he would not consent, until full evidence of the simplicity of the operation and relief afforded thereby was witnessed by him on a boy similarly affected. The amount of pus drawn off measured one gallon and one ounce. As soon as the discharge became sero-purulent, he used injections of Lugoll's solution of Iodine, once in *two* or *three* days at first, and as the discharge decreased once in nine or ten days; by this means the health of the man became fully restored.

Dr. Judkins considering that the boy was of a strumous habit, would expect an unfavorable issue.

# Reviews and Notices.

## *Introductory Lectures.*

[The season for the annual elimination of "Introductory Lectures" having come and gone, we feel that it is almost too late to chronicle their advent. As a general rule, addresses of this class possess but little interest to the remote reader; there is usually a sameness of subjects and modes of discussion, which very largely characterize the whole as a *class*. Moreover, they are generally delivered to miscellaneous audiences, which is very apt to divest them of any particular scientific merit; still, an editor feels under obligation to note their principal merits or defects; but as their number is *legion*, an extended account of each one, would be out of the question; so that the only course left is to make brief mention of those which fall in our way, leaving the reader at liberty to *order* such as he may desire to know more about. It is proper to state, furthermore, that the *editors* have not found it convenient to read *all* of these lectures with that care required to make an impartial notice; hence, they have been committed to the hands of a contributor who furnished the following account of their contents.—Eds. Lancet.]

*Inaugural Address of* Worthington Hooker, *M. D., Professor of the Theory and Practice of Medicine in Yale College.*

The subject which Prof. Hooker has selected is "*The present mental attitude and tendencies of the medical profession.*" The author affirms that the position of the profession is higher than it has ever been—one reason for this is, the freedom from theories of all kinds in medicine and disease, but due mainly to a system of observation, and the collecting and arranging of facts. The authors of wonderful discoveries have not done more for science than the patient observer—that Harvey did as much by his example of industry and research, as he did by his great discovery. He strongly urges the importance of correct teaching, and correct modes of ob-

servation, showing that the physician is much what his teacher made him. He calls upon the profession to assist the professors to elevate the standard of medical acquirements, this can only be done—by being able to rejoice in the "day of small things." He eschews all theories. Hear him—it was the clay mingled with the iron in the feet of Nebuchadnezzar's image that insured its speedy downfall in spite of the iron. So the untempered mortar of hypothesis, with which theories are cemented together, insures their downfall in spite of the solid truth with which it is combined.

*An Introductory Lecture before the Class in Starling Medical College.* By Robert H. Paddock, M. D., Prof. of Anatomy and Physiology.

Prof. Paddock's address is to the student, and for his benefit, it abounds in wholesome advice and wise admonitions. He warns them "to remain in Jericho till their beard has grown out,"—not to begin practice until they are thoroughly educated, and fully prepared. The lecture is alike creditable to the author, and to the intelligence of the class who published it.

*Lecture, Introductory to the Second Course in the Medical Department of the University of Nashville.* By W. K. Boling M. D., Prof. of the Institutes, and Practice of Medicine.

Prof. Boling indulges in a history of Nashville school, and urges that her prosperity and success is unequaled, confidentially looks forward to the time (not distant) when she shall not only eclipse her rival at Louisville, but be second in America—aye first. Says the hopeful and enthusiastic doctor, "there are but two great medical centres in the union, and the struggle for supremacy will be between them, Philadelphia of the North, and Nashville of the South." He argues that the former must retrograde until she finds her level among northern schools, whilst the latter must culminate until she is the equal—the superior of all. He intimates too that it will not be safe for "Southern constitutions" to pass Nashville—that is, go farther north. "The prejudice every day strengthening with the mass of our southern people against medical *beginners* who have received their medical instruction in northern schools" is a matter, it would be well enough for young men to consider, who expect to locate in the South.

The author furnishes the key to the success of Philadelphia schools, their head and front men were always from the south. Never until the university introduced "a southern element of success," did she come up to what Nashville is now, ever in her infancy—with "six out of the seven who never faced a class?" A hint is dropped, too, that the social advantage is greatly superior in Nashville, and intimates that the inner man is better cared for than in most places. He was no doubt thinking of the "Husks" upon which medical students are generally fed, and the necessity that often exists for social success, that the fact of being one had better not be known. The lecture is a good one, written in Prof. B's usual fine style, and if it sometimes seems somewhat boastful, we can easily forgive it, when we reflect upon the compliment, such facts as are truthfully stated in regard to the prosperity of this new school, must be to the gentlemen composing the faculty.

*History of the Medical Department of the University of Louisville, an Introductory Lecture.* By LUNSFORD P. YANDELL, M. D.—Prof. of Physiology and Pathological Anatomy.

This is a detailed and extended account of the rise, and so far decline of the university of Louisville, interesting more particularly to the faculty and citizens of Louisville, than profitable to his class or interesting to the professional reader.

*Certainty in Medicine, being an Introductory Lecture before the Philadelphia Medical College.* By JAMES BRYAN, M. D., Prof. of Surgery.

Prof. Bryan classes the unbelievers in Physic into "a large body of intelligent persons, (among them have been Voltaire, Rosseau, &c.,) who believe in its uncertainty and uselessness in the relief of human suffering." The *natural skeptic*, the ignus fatuus followers, the young and robust—these deride physic and would cast it to the dogs, and lastly, those who are afflicted with some incurable disease, these latter having tried scientific treatment without success, are then made the dupes of nostrum mongers. The lecturer shows the fallacy of the objections most commonly urged against our profession, and demonstrates forcibly the certainty of scientific medicine. The common mode of reasoning *post hoc, ergo propter hoc*, recovery following a certain medicine, is productive of much mischief. This is the great argument of the quack, especially the Homœopathist.

*Introductory Lecture on the course of Materia Medica and General Theraputics, in the Jefferson Medical College of Philadelphia.* By Robert M. Huston, M. D.

This discourse defends the profession and colleges from the onslaught made upon them, by those who "rise up and denounce the profession as degraded—the colleges as corrupt." Many of these croakers were educated in the days when the University of Pennsylvania taught "Anatomy, Surgery and Midwifery" from one chair, the latter branch receiving but "six lectures." In the times when (1817) the College of Physicians and Surgeons of N. Y., "appointments were made to suit the men, rather than the men to suit the purposes of a well devised system of medical instruction." "Disapointed vanity" is truly urged as a frequent source for denunciators. "In their mouths *reform* means just what it does in politics, *rotation in office.* Very justly does Prof. H. remark that when our profession is denounced as "*corrupt and degraded,*" that it would be strange if among our fellow men we should not find some believers. Here is the source and origin of quackery. Eclectics, Homœopathists, and such like, need wish no better material—no more potent weapon to attack scientific medicine, than the evidence of those whom, *a priori,* we should expect qualified to speak and entitled to be believed. "In no portion of the world are the physicians more skillful in the practice of their art than the members of the regular profession in the United States. Much good sense is displayed in the remark—"If we would elevate the medical profession we must cease to slander it, by proclaiming it as corrupt and degraded, and desist from calumniating its fountains of learning." We have but seldom read a more truthful and high-toned essay.

*Introductory Lecture to the College of Medicine and Surgery, in the University of Michigan.* By J. Adams Allen, M. D., Prof. of Theorapeutics, Materia Medica, and Physiology.

The main effort of Dr. Allen is to justify the free course system of the Michigan University, and to show the superior facilities offered by this new candidate for students, for prosecuting the study of all the departments of the profession. Considerable "fuss and feathers" is raised about the deplorable condition of the profession, and the manner in which

medicine is taught by the older schools. The address is by no means remarkable, and if a "free system" has any virtues, it is not shown in this lecture.

*Introductory Lecture by* J. C. Hughs, M. D., Prof. in the College of Physicians and Surgeons of the Iowa University.

"All systems must have a *basis principle* an *element* unchanging and ever existing." This seems to be the proposition discussed in the address. The author compares the past ages with each other, and with this, and shows the cause of most of their errors—it was in not having the "*basis principle*" correct. From this lecture the reader will derive not only pleasure, but real value. D.

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*Letters on Syphilis. Addressed to the chief editor of the Union Medicale.* By Ph. Ricord, Chirurgien de l'Hospital du Midi, etc. With an introduction, by Amédée Latour, Rédacteur en chef de l'union Médicale. Translated by W. P. Lattimore, M. D. Philadelphia: A. Hart, late Carey & Hart, 1852. pp. 270.

The letters of Ricord on Syphilis develop very fully the doctrines of this celebrated physician. They are not, as the title might seem to indicate, hastily written epistolary missives, but are, without doubt, the result of careful arrangement and complete examination of the whole subject. Ricord has been much opposed by some of his *confreres*, and it seems probable that these letters were designed to establish his own particular views. But whatever may have been the motive for writing these letters, they certainly convey a very full and complete view of the author's doctrines. They are written, moreover, in a spirited and attractive style, detailing many interesting and impressive anecdotes, which forcibly illustrate the topic under discussion.

It is, without doubt, the most interesting and *readable* work now before the profession, on the subject of syphilis, and those who desire to become familiar with the peculiar views of this great master of syphilography, will consult these letters with unbounded satisfaction.

For sale by H. W. Derby & Co.

*Atlas of Pathological Histology.* By Dr. Gotlieb Gluge. Professor of Physiology and Pathological Aanatomy in the University of Brussels. Translated from the German by Joseph Leidy M. D.—Pathologist to St. Joseph's Hospital etc. With 120 figures, plain and colored, on 12 copper-plate engravings. Philadelphia: Blanchard & Lea, 1853. Quarto, pp. 94.

This is a very interesting and valuable book, and the profession are under obligations to Dr. Leidy for furnishing a translation. Dr. Gluge is high authority in everything partaining to histology, and we hope the American profession will appreciate the work. The plates are admirably executed, which is the highest praise that could be bestowed on the work.

For sale by H. W. Derby & Co.

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*Principles of Organic and Physiological Chemistry.* By Dr. Carl Löwig, Doctor of Medicine and Philosophy; Ordinary Professor of Chemistry in the University of Zürick. Author of "Chemie der Organischen Verbindungen." Translated by Daniel Breed, M. D., of the U. S. Patent Office; late of the Laboratories of Liebig and Löwig. A. Hart, late Carey & Hart, Philadelphia. 1853.

This work is intended for those who wish to gain a thorough knowledge of the fundamental principles of Organic Chemistry. It treats of all the facts that have been discovered, in this important and interesting department of science, down to the present time. It should form a part of every Medical Library. For sale by Derby & Co.

# Progress of Medicine.

## FRANCE.

*Researches on Phlebitis of the Portal Vein.* By Dr. E. Leudet, Laureate Interne of the Hospitals, Laureate of the Academy of Medicine. (*Archives Generales, Feb.* 1853.) Translated by L. M. Lawson, M. D.

The author of this valuable paper proposes to give the results of his own observations on phlebitis of the portal vein, and then by analyzing the known facts of the science, to give the history of the disease.

*Observation.—Phlebitis of the portal vein; death, autopsy.* S— V——, bleacher, aged 18 years, small size, dark eyes and hair, muscles well developed, embonpoint medium, was admitted, October 16th, 1852, at the Hospital la Charité, service of M. Rayer.

Habitually of good health, and vaccinated, she had never had variola, and could not remember having had eruptive fevers. She menstruated at the age of 12 and a half years, and on the 7th Feb. 1852, was delivered of a child at the hospital des Cliniques. She left the hospital in about ten days perfectly well.

In the beginning of March, 1852, a disease commenced which was denominated typhoid fever, and which was characterized in the beginning by great feebleness of the vital forces, headache, vertigo, and diarrhœa. These symptoms gradually increased, and forced the patient to enter the hospital la Charité, in the service of M. Briquet. That physician, of whom we asked information of the disease of S., was not able to give the nature of the affection which he was called to attend at that epoch. According to the patient, the disease was severe, the diarrhœa was very intense and involuntary. She could not say to what treatment she had been subjected; she is sure there was absence of active pain of the bowels and of vomiting; she had not icterus. No affection of the chest, or hemorrhage occurred during the attack. She entered la Charité in the month of March, went out convalescent the last of May, and immediately commenced her work.

During the month of June, and up to the commencement of October, S. had enjoyed good health; she had no diarrhœa or abdominal pains, and worked constantly at the business of bleaching.

On the morning of the 2d of October, without any known cause, she was seized with chills which continued during the greater part of the day, chattering of the teeth, accompanied by a sensation of intense cold, not followed by active heat or sweating. The strength rapidly diminished, and the patient was obliged to keep her bed. During the same day, there was manifested in the right side of the abdomen, and at the base of the thorax, a dull pain which was not limited to any point, but extended through all the side. The pain had little activity, and troubled the patient only during full inspirations.

October 3d, the disease remained the same. The chills were not repeated, but the heat persisted; there had been three diarrhœal stools in the morning, without colic or vomiting; the appetite was completely suppressed; mouth clammy, with great thirst. These symptoms augmenting, the patient was received at the hospital la Charité.

We were in the wards at the moment the patient was admitted. The eyes were somewhat sunken, the countenance exhibited marked suffering; skin hot and dry, not at all yellow, nor the sclerotics; the intelligence, which is well developed, still good, and the memory perfect. Has general dull headache, feebleness of the limbs, sensation of extreme lassitude, but no giddiness or stupor; no ringing in the ears, no actual cough, and no expectoration. Auscultation and percussion revealed no morbid phenomena in the whole extent of the lungs; respiration is soft and easy, without râles. Tongue red, moderately moist; mouth clammy; no nausea nor vomiting. During the day, the patient had had two liquid stools, the color of which she did not know, and which she could not affirm had been mixed with blood. The abdomen a little tender on pressure, little pain on palpation, except in the umbilical and epigastric region, where palpation produces a decided pain; the pain is dull, spontaneously, aggravated by pressure and motion, but did not appear to follow a direct line. The liver was not depressed below the false ribs, and did rise above its natural dimensions. Pulse 112, full and strong; sounds of the heart normal; no souffle in the carotids.

7th, same state. Pain persistent in the bowels, pulse 120, strong and hard, regular; no eruption on the abdomen. Urine voided without pain, but little color, gives no precipitate by heat or nitric acid; acid, not reduced by the "*liquor de fer*" of Bareswill, and not turned brown by the addition of potash. (Sweetened gum, bleed from the arm a pint,—dieted.)

In the evening the blood showed a small clot, swimming in

a large quantity of serum; the blood is covered with a buffy coat of little thickness, easily torn on being stirred. Pulse 120, decided heat, headache, only one loose stool during the day

In the evening, chills for the space of an hour, requiring internal and external heat. The chills were followed by moderate heat, without sweating.

8th, dyspnœa, 45 respirations, no cough; pulse 122, to 124, regular, sufficiently full and strong; sensation of prostration; skin hot and dry; tongue dry; no vomiting. Abdomen sensitive to the touch in the umbilical region, no eruption, nor gurgling in the iliac fossæ, right or left; tympanitis—no obvious enlargement of the spleen; the patient had never had intermittent fever. Some pain over the region of the kidneys; uterine system healthy.—(Bleed from the arm 12 ounces.)

In the evening the clot was found to be small, no buff on the surface. During the night the chills returned, but with less violence than the preceding day. During the evening some sleep—vomited twice; no stool. Pulse, 136; heat of the abdomen.

9th, Ordered a bottle of seidlitz water; two stools during the day; no ease from the abdominal pain.

11th, Carbonate of magnesia 2 grammes; only one stool during the day; stomach and bowels remain the same; abdominal cutaneous veins more distinct than usual.

From the 9th to the 11th, the patient seemed a little better: pulse 110 to 116, pain in the bowels less severe, still limited to the umbilical and right hypochondriac region; no chills.

11, At four o'clock in the evening, we found the patient was worse; face pale, eyes sunken, trembling without chattering of the teeth; pulse 120, small. Patient complains of a sensation of cold, but the skin feels hot to the touch; pain very severe in the upper part of the bowels, sense of constriction, nausea and efforts to vomit. The region of the liver is not more painful than the epigastrium; that organ does not sink below the false ribs. (Emollient cataplasms to the abdomen.)

[The patient lingered to the 26th. We omit the symptoms, from day to day, which varied but little from those already given, except to gradually exhaust the patient. It is more than once repeated, that there was no jaundice of the skin or conjunctiva; the pain continued in the epigastric and right hypochondriac regions; the liver gradually augmented in size, could be felt below the false ribs, and was painful to the

touch. The abdomen became very much distended. The patient died on the 26th, the disease having commenced on the 2d.—*Trans.*]

*Examination of the body on the 28th, 33 hours after death; weather warm and moist.*—[*Head* and *chest* presented nothing peculiar, and we pass to the abdomen.]

*Abdomen.*—No liquid in the peritoneum. The external surface of the intestines presented a rich arborescent display of the capillaries, most abundant near the convex border of the convolutions; their external surface was covered with small white points, resembling globules of pus and granulated fibrine, as seen with the microscope; there were no traces of tuberculous corpuscles; also, small pseudo-membranes, soft, yellowish, and easily detached from the surface, most abundant between the convolutions. The adhesions were slight, and easily broken up. The peritoneum covering the anterior part of the abdomen, and near the iliac fossæ, presented a rich plexus of capillaries, sometimes appearing as small ecchymoses.

The folds of the mesentery which support the large intestines were infiltrated with pus, which appeared in the cellular tissue, intermediate between the two laminæ of the serous tissue. In dissecting one of these serous lamina, we reached a number of purulent collections, in which was bathed the ramifications of the veins, enlarged and filled with the same yellow pus, of medium consistence. In pursuing the venous ramifications, we found them distended with pus as far as the trunk of the vena porta, where it enters the liver; there the vessel was imperfectly closed by a clot, surrounded by pus, and adhering feebly to the vessel. The clot was firm, yellowish-white, and contained neither pus nor blood in its interior.

In the ramification of the portal vein in the liver, we found it every where injected with pus, but without clots. The splenic vein contained neither clots nor pus. On examination with the microscope, the pus presented the ordinary characteristics.

The veins of the pelvis, superior and inferior cavæ, and the renal veins were healthy.

The liver was very much enlarged; and on its surface was observed a number of purulent deposits, surrounded by a dark areola. These abscesses contained yellowish pus, and were disseminated throughout the organ. The hepatic veins were healthy; the biliary ducts contained a semi-concrete yellowish biliary matter; the gall-bladder contained a brownish liquid,

its internal membrane was healthy. The spleen was firm, without abscess, and was not augmented in volume. Kidneys and pancreas healthy. The mucous membrane of the stomach exhibited a greyish color, and was softened throughout its whole extent. The intestines contained fæcal matter and yellowish liquids; there was no disease of the follicles or of Peyer's Glands. The uterus was healthy.

[After this lucid and highly interesting detail of the case, the author proceeds to enumerate the various essays on the subject, and cases which have been reported. These we must now omit, and conclude with his general remarks on the subject.—*Trans.*]

Is phlebitis of the vena portæ a rare disease? We assuredly do not believe it frequent; but we must observe the the little attention with which the vessel is usually examined, and that in cases of abscess of the liver we detach the digestive tube without examining the portal vein, in which perhaps the inflammation existed. We affirm, in support of this supposition, that even the most distinguished anatomo-pathologists verify the existence of abscess of the liver, and pus in the vena portæ within that organ, without examining the trunk of that vessel, so that the exact seat of the disease would escape observation, and it would be improperly entitled abscess of the liver. We adopt the opinion of Schœnlein, and believe that the disease is not so rare as is said by most theoretical writers. During eight years passed in the hospitals of Paris, this is the second case that we have examined anatomically; unfortunately we have not preserved the notes of the first sufficiently exact to be made useful.

Inflammation of the portal vein is not found equally frequent in all the branches which contribute to its formation; most frequently it is encountered in the mesenteric branches (Gluge, Lambron, Schoenlein, Kesteven, Henoch, Leudet,) in the trunk of the vena portæ, and simultaneously in its ramifications within the liver (Gluge, Waller twice, Kesteven, Frey, Henoch, and Leudet;) the splenic vein, on the contrary is an exception, its inflammation is mentioned only in one instance by Dr. Waller. In some other cases more rare, which we mention *en passent*, inflammation and suppuration are found only in the intra-hepatic ramifications of the portal vein. In that case we would propose the question: Is the phlebitis primitive, or the result of a rupture of an abscess of the liver into the canal of the vessel? In view of the small number of facts, it is a question not easily answered.

The alterations in the walls of the veins, in nearly all the cases of this class, are mentioned in short and incomplete expressions; among these alterations we note in the first place the enlargement and thickening of the walls; they do not collapse when divided, but remain open like arteries. The color of the vein in the suppurative form is a dull gray.

It is rare that the injection exists only on a line with the external cellular coat; we did not observe it in our case. The injection of the internal tunic, admitted by ancient pathologists, did not exist more in this case than in other examples of phlebitis; the internal membrane is only a little thickened.

The liquid contents consists of pus, more or less mixed with blood; in our case, the pus was a light yellow; in other cases it is represented as a dirty yellow, but the color will vary with the different mixtures to which it is subject. Some authors mention the existence of white clots, adherent sometimes to the walls of the vessels; but we never see them form a barrier to the pus, and thus limit the disease to encysted phlebitis, as described by some writers. The principal fibrous clot which existed in our case, presented no pus in its centre.

Other organs become affected when the portal vein is diseased. In the first rank we place the liver, which was diseased in all the cases observed by Waller, Schoenlein, Frey, Breithaupt, and myself. Abscesses, frequently very numerous, presenting the appearance of those usually denominated metastatic; they are found in large numbers near the surface, or in the deeper seated parts, varying in volume from the size of a pea to that of an egg, often surrounded by a dark areola; in the case which we observed the interior was not lined by a false membrane. These abscesses communicate directly with the ramifications of the inflamed vena portæ. The spleen, inversely to the liver, is rarely diseased. Its most common disease is augmentation of volume. In one case by M. Waller, the spleen contained plastic deposits without abscesses; in another case by the same author, it contained an abscess; the splenic vein was simultaneously inflamed. The pancreas has always been found healthy. In one instance, (Waller,) a small abscess existed in the kidneys. According to Henoch, it is not rare in phlebitis to find secondary abscesses in the lungs, articulations, and the brain; however, other authors cite no cases of this class.

The mesentery, in the case we have observed, contained between its folds purulent deposits corresponding with the inflamed veins; that lesion had been before observed. Could we not see there, according to M. Cruveilhier, (verbally communicated,) the point of departure of the inflammation? It is a question which we are unable to determine, and we ourselves have announced but the landmarks. The visceral and parietal peritoneum, in the cases that we have observed, presented the most evident signs of inflammation.

To resume: the lesions occupied all the trunk of the vein, its intestinal roots and hepathic branches, the substance of the liver, and the peritoneum.

The beginning of the disease is most frequently rapid, (Lambron, Waller, Leudet;) however, it is, on the contrary, in some cases, latent. In a case of Schoenlein, the patient had experienced during two weeks *malaise* and slight pains in the epigastrium; and the same occurred in two observations of Frey and Kesteven.

The epigastric pain was most frequently the initial symptom, (Lambron, Waller, Leudet, Schoenlein.) That symptom, on the contrary, was of little value, according to Oppolzer, variable according to Roberts, who has not made of the remainder an analysis of the facts already known to science. The epigastric pain is first mentioned by patients as a dull, heavy, spontaneous pain, existing at the pit of the stomach, extending to the right hypochondriac region, and augmented by pressure. Gradually, as the disease progresses, the epigastric pain becomes more marked; it is finally associated with a pain of the abdomen, as in our case, resulting from inflammation of the peritoneum, and then a dull pain in the hypochondrium, when the disease is developed in the liver.

Meteorism existed near the commencement of our case. According to Waller that is an important symptom; it was marked, and gradually increased in that of Schoenlein; it had little intensity in the case of Frey; considerable in the observation of Henoch; but according to Roberts, meteorism was quite variable.

The dilatation of the subcutaneous veins of the abdomen is a symptom which has been observed by some authors. In our case it was but little marked. Could the inconstance of the phenomenon be attributed to the permeability of the inferior cava?

A very important order of signs relates to the febrile de-

velopment. Violent chills, sometimes causing chattering of the teeth, are often observed at the beginning of the disease, or occurring during its course. The duration of the cold stage is variable; it is accompanied by *malaise*, and is not always followed by sweating. The chills no not recur periodically, but may come on at any time—morning, evening, or during the day. They exist when the spleen is healthy, when there is no abscess of the liver, (Schoenlein.) These symptoms sometimes disappear the day preceding death.

Some authors have designated profuse sweating as a marked symptom.

Icterus, more or less marked, often accompanies inflammation of the portal vein, (Waller, Lambron, Schoenlein, Kesteven;) but in our case jaundice of the skin did not exist, the urine was normal, and the fæces not discolored. Most frequently the icterus does not appear at the beginning of the disease, but occurs during its progress.

The other digestive functions present but little alteration; the beginning of the disease is nearly always characterized by anorexia and thirst; in five cases, vomiting has been observed, (Lambron, Breithaupt, Waller, three times, Leudet.) Diarrhœa is sometimes present; and M. Waller observed in one case bloody stools.

The other symptoms are exceedingly variable. We should mention coma; it exists especially at the close of the disease; and, finally, depression of the vital forces is often present at the beginning, or occurs during the course of the disease.

Among the most important symptoms we place the epigastric pain, meteorism, irregular chills, and finally the development of the liver and spleen, separately or conjointly, supervening, as in other cases, during the progress of the disease.

The duration of the disease is variable. The following figures will give the résumé of different observers: 8–10 days (Gluge,) 49–61 days (Waller,) 26 days (Frey,) 60 days (Schoenlein,) 24 days (Leudet.) Thus we perceive how much the duration of the disease varies.

The age of patients was in general from 24 to 40 years, except in two cases; 69 years (Lambron,) 62, (Frey.) The constitution of the patients, who had been previously well, offered nothing particular.

The causes of the disease are imperfectly known; in most cases it appeared to have originated spontaneously. We do not find in the intestines an explanation of the cause of the disease. It is said, however, that M. Lambron has seen

phlebitis occasioned by a poison which had traversed the stomach and become arrested in the portal vein.

The treatment has been, in all cases, principally antiphlogistic, and always without success.

We add to these considerations that, in the first case which we observed, the phlebitis appeared to have had for its origin, a rent of the rectum, caused by the pipe of a syringe, which produced inflammation of the hemorrhoidal veins.

Finally, within the last year, we had occasion to observe a patient who presented certain symptoms of portal phlebitis, but who unfortunately quitted the hospital in a dying state.

*Academy of Medicine.—Marshall Hall's Experiments.*—[We translate the following interesting and important statement from the *Archives Generales*, March, 1853.]

M. Marshall Hall (Meeting of Feb. 14th,) addressed a note in which he proposed to indicate the results of experiments which he had made with the acetate of strychnia on dogs. The effects of the acetate of strychnia, according to the author, were exhibited under two forms. The first, or those least affected, presented a high degree of excitement of the spinal diastatic system, with slight and transient spasms of the limbs, and difficult respiration. The second class presented a degree of excitement still more exalted, general and prolonged tetanic convulsions, with laryngismus or contraction of the glottis, violent expiratory efforts, apoplexy and asphyxia.

If, in the first cases, or those exhibiting the slightest effects of the strychnine, the animal was gently caressed the respiration became calm. If, on the contrary, he was excited by a sudden noise or shock, or by blowing strongly on the skin or face, tetantic or epileptic paroxysms resulted, which it was evident, if often repeated, would prove fatal. It is demonstrated, on the contrary, by these facts, if the dog is kept free from all excitement he certainly recovers from the first degree of strychnism. The grave form of strychnism did not yield to these simple means of treatment. Not only did each slight irritation produce paroxysms of laryngismus, dyspnœa, apoplexy and asphyxia; but these paroxysms seemed to be renewed by inevitable causes, such as the movements of respiration, deglutition, etc. This great danger, therefore, is to be avoided by another proceeding, which prevents laryngismus and its effect, namely, apoplexy, asphyxia, and death.

Thus the first degree of strychnism is cured by absolute tranquility, the second by tracheotomy.

Now, what are, according to Marshall Hall, the application of these principle to diseases? Evidently that patients attacked with tetanus or hydrophobia should be protected, in the most absolute manner, from all mental or physical excitement; evidently that we should resort to tracheotomy in all cases where patients are affected with epilepsy, or any other disease, in which laryngismus endangers life or intelligence. Nevertheless, it is important to make a correct diagnosis, and not to prescribe for a name. It is not for epilepsy that tracheotomy is performed, but to counteract the dangers of laryngismus; and, in the last place, a patient with epilepsy entrusted to the efficacy of tracheotomy, must have the opening sufficiently large.

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## ENGLAND.

*Solution of Urinary Calculi, in Dilute Saline Solutions, at the temperature of the body, by the aid of Electricity.*—(From Proceedings of the Royal Society.)

This paper contained the record of a number of experiments made to determine whether, out of the body, urinary calculi could be dissolved by placing them in dilute solutions of nitrate of potash and other salts, and then decomposing the solution in contact with the calculus by means of the galvanic battery. The urinary calculus was carefully dried and weighed, then fixed between the poles of a galvanic battery, after which it was immersed in a solution of nitre, and at the end of the experiment it was re-dried and re-weighed. The loss of weight gave the effect which was produced. The different calculi which had been used were also exhibited, showing the different degrees in which the various kinds of urinary calculi are dissolved when submitted to this treatment. The conclusions at which the author arrived may be thus stated: In a solution of nitre containing 20 grains to the ounce, kept at a temperature of the body, uric acid calculi can be dissolved by the aid of electricity, at the rate of from two to nine grains an hour. The solution takes place at the alkaline or negative pole. In the same time, and under the same circumstances, phosphatic calculi can be dissolved at the rate of from 2 to 25 grains. The solution takes place at the acid or positive pole. Calculi, consisting of oxalate of lime, proved to be far less soluble, usually not more than half a grain an hour,

and at most 2 grains being dissolved. At the conclusion of the reading of the paper, the author stated, that he had been engaged in making further experiments with a solution of nitrate of potash containing only 10 grains to the ounce; and he exhibited some large uric acid and phosphatic calculi, which had been partially dissolved by the decomposition of this solution at the surface of the calculi. He also showed a catheter or litholyte, made by Weiss, which fulfilled the conditions requisite in an instrument for effecting the solution of urinary calculi in the body. It resembled an ordinary lithotrite, but the blades were—1st, isolated so as to conduct the electricity to the surface of the stone when it had been caught; 2dly, the external surfaces of the blades were guarded, so that in case they came in contact with the mucous membrane, no chemical action would be there set up; 3dly, a double channel for the injection of the solution of nitre was formed inside the instrument. Lastly, the author stated, that although many difficulties would have doubtless to be overcome before he could lay the result of his experiments within the body before the Society, still they would only be mechanical difficulties. The principle, which consisted in setting up mechanical action at the spot where it was wanted, whilst elsewhere a dilute neutral solution was present, left nothing further to be desired; at least so far as the solution of uric and phosphatic calculi was concerned. At present, by the aid of the lithotrite, mechanical force is applied to the surface of the calculus, and the stone is passed in fragments. At some future time, by the aid of the litholyte, chemical force will be set up at the surface of the calculus, and it will be passed in solution, or as an impalpable precipitate.—*London Med. Times and Gaz.*

*Prophylactic and Curative Syphilisation.*—By Mr. de Meric.—The author introduced the subject by alluding to the propriety of thoroughly sifting and investigating new theories and plans of treatment, and showed that the prophylaxis of syphilis had been seemingly successful in Paris in 1812, and was stated, in our own days, to be of the simplest kind. Curative inoculations had been tried, with some appearance of favorable results, by Percy; but such reckless implanting of the syphilitic poison had never been thought of until lately, when it was proposed to saturate human beings with the virus to cure existing symptoms, or shield healthy individuals from casual infection. Mr. de Méric passed in review the four

principal systems of syphilisation which had been started, and successively showed that the theory and practice was supported by neither facts, arguments, nor analogies. He stated that great mischief had been done by the syphilisers; that deaths had occurred both in France and Italy; and that it was certainly not without reason that M. Ricord had thrown the whole weight of his oratorical powers and reputation in the scale against syphilisation.

The author thought that there were other means of arresting the spread of syphilis besides the wild schemes of the syphilisers; viz., the granting of every facility for cure to those who had erred, and were suffering under the disease. He was sorry to say that some of our large hospitals excluded syphilis from their wards, and that an antiquated and mistaken notion existed among the Governors, that by driving away the indigent affected with syphilis, the former would indirectly contribute to the decrease of the disease. Mr. de Méric expressed his belief, that investigations into the nature and treatment of syphilis, aided by chemistry and the microscope, would be of great service, (instancing Dr. Tyler Smith's researches on the uterine and vaginal discharges,) and that a disease, upon which M. Ricord had thrown so much light, would become more and more manageable the better we became acquainted with its Protean forms.

Mr. Richardson remarked, that the evidence given as to the value of the prophylactic remedy employed by Calderon, who had died without disclosing his secret, was in his opinion worthless. There were several causes, wholly independent of the application, which might have operated to render the virus innocuous, and he thought no confidence could be placed in the power of the prophylactic agent employed by Calderon unless clear and definite information could be furnished respecting it.

Mr. Henry Lee observed, that there was generally some foundation for popular belief, and he conceived that phenomena were occasionally manifested in the progress of syphilis which might be considered to countenance the theory of syphilisation. He had himself noticed, that when numerous and extensive local sores prevailed, in some cases no secondary symptoms followed; and in others these symptoms were slightly marked. It appeared to him that a long-continued and extensive primary sore exhausted the powers of the syphilitic virus, and left it little or nothing wherewith to attack the constitution. The author, in one part of his paper,

had spoken in approving language of the practice of inoculation in syphilis, but he (Mr. Lee) strongly doubted whether this proceeding were really so advantageous as was generally considered. He thought it by no means certain that secondary symptoms would follow a true inoculated chancre; and, on the other hand, he had seen secondary symptoms arise when inoculation had failed to take effect. Two cases in the Lock Hospital under his care had furnished these data. In one patient, who was inoculated from a phagedænic sore, no chanchre exhibited itself; yet before he left the hospital that individual suffered with secondary symptoms. In the other instance inoculation produced a true chancre, but up to the present time no secondary symptoms had appeared. He would conclude by repeating his impression, that when a number of primary sores showed themselves, and remained a long time discharging, the syphilitic poison was by their agency, in some instances at least, eliminated to a certain extent from the system, and therefore the patient was more or less guarded against the occurrence, or, at all events, against the severity of secondary symptoms.

Dr. Chome said, that one speaker had characterized the experiments, which had been instituted to test the efficacy of syphilisation, as absurd; and he would add, they were worse than absurd, they were wild, wicked, and reasonless. He thought, however, that Mr. de Méric's paper was entitled to the highest praise, for the force of its arguments, and the vigor and chastity of its language, which was the more deserving of admiration as it showed the proficiency that even a foreigner might attain in English composition. He could see no analogy between vaccination and inoculation for small-pox and inoculation for syphilis. The two affections were very different; small-pox was a disease to which the whole human race were liable, its duration was comparatively brief, and, when eliminated from the system, it rarely left any baneful effects behind; whereas syphilis was not a disease to which all mankind were naturally liable, but only certain individuals, in consequence of their own profligacy; moreover, when once established, it ran a long and calamitous career, and, in the opinion of some surgeons, was never entirely eradicated from the system. He should lament extremely to see a practice introduced into this country which was, he felt persuaded, fraught with danger, and had been very properly stigmatised by a preceding speaker as unjustifiable and horrible. Before resuming his seat, he should like to

ask Mr. de Méric if patients who had contracted syphilis by inoculation were liable to transmit it to their offspring?

Mr. Dendy, after complimenting the author on the excellence of his paper, remarked, that before they entered into a discussion respecting the merits of the practice, there were moral considerations opposed to it, which it was impossible to disregard. If such a system should ever prevail, he believed it would afford a frightful premium to licentiousness. Many of the cases in which inoculation had been tried and reported successful, might, he believed, be found to derive a relief from existing syphilis, or an immunity from subsequent contamination from other causes, such as the exhaustion of the syphilitic poison after long endurance, the change wrought in the constitution by repeated attacks of the malady, or, as Mr. Henry Lee had pointed out, the elimination of the syphilitic poison wholly or partially by the prolonged persistence of numerous local sores. Inoculation had been tried in numerous diseases besides small-pox, and in some he thought with success. It was well known, for example, that Dr. Ballard, when at Constantinople, inoculated himself with the plague virus, having previously diluted it with oil. A mild train of symptoms followed; but Dr. Ballard believed that he thus protected himself against the plague, and he was accustomed to recommend the plan as a sure and safe prophylactic. Now, if any experiments in syphilisation were made in this country, he, Mr. Dendy, hoped that the syphilitic virus would be first diluted by the addition of simple fluid, so that if no good arose, at least no serious mischief might be occasioned by the practice.

Dr. Radcliffe felt compelled to state, that the question had not been impartially considered; and he conceived that M. de Méric, being a follower and pupil of Ricord, who, it was well known, had vigorously opposed syphilisation, had treated the subject rather in a spirit of hostility than otherwise. He would observe, that the case of Dr. L., the German physician, who had been produced at the Académie de la Médecine by Ricord, was not considered a fair example by M. Ausias Turénne and the other upholders of syphilisation. It was a fact which could not be surmounted or explained away, that there were cases in which the manifestation of a fresh chancre had been followed by the disappearance of long-standing syphilitic symptoms which had previously resisted all sorts of treatment. Dr. Radcliffe referred to a case whose particulars were related in the *Gazette des Hospitaux*, in which tertiary

symptoms had at length departed under the influence of repeated inoculation. The question debated at the Academy was not so much referrible to the utility of the practice as on the moral propriety of employing it. The practice itself was favorably esteemed by Malgaigne and others, whose high reputation should induce us to pay respect to their opinions. He, Dr. Radcliffe, did not advocate syphilisation, but he thought it should be considered fairly and dispassionately. Whatever might be the issue of subsequent investigation, two important facts had been established by the researches of M. Auzias Turènne, viz., that syphilis might be communicated to animals, and that secondary sores were capable of furnishing matter, the inoculation of which would produce a chancre.

Mr. Robinson thought the inoculation for syphilis in healthy persons quite unjustifiable, and likely to injure seriously the constitutions of those who submitted to it, and the health of their offspring. Inoculation for syphilis could not be compared, as a point of treatment, with vaccination, for vaccination was employed to guard the community against a scourge from which all alike might suffer, while the spread of syphilis was dependent on the unrestrained vices and licentious conduct of individual persons.

Mr. Clark observed that Mr. Henry Lee seemed to consider the long continuance and number of primary sores a sort of safeguard against secondary symptoms, and in proof of this he might remark, that in Nubia, where primary sores always acquired a frightful intensity, and sometimes swept away the whole of the external organs of generation, secondary syphilis was unknown.

Mr. de Méric, at the end, regretted that his paper had been somewhat long, and begged the Fellows who had so kindly spoken of it to accept his best thanks. He could not at so late an hour enter into a full discussion, though it would have given him much pleasure to do so, since the points which had been raised were of the greatest interest. Mr. de Méric then stated, in answer to Mr. Richardson, that he quite agreed with him as to syphilitic ulcers healing without mercury; but the prophylactic, which had been used by Calderon, had prevented the springing up of sores after inoculation. He would also mention, that M. Ricord had clearly made out that an individual suffers from secondary syphilis only once in his life. Mr. de Méric considered that the remarks of Mr. Lee were deserving of the greatest respect, as his (Mr. Lee's)

opportunities were excellent, and his reputation well established. He, Mr. de Méric, was, however, somewhat startled at finding Mr. Lee leaning towards syphilisation. Surely it would not be maintained in our days, that the extension and persistance of a sore tend to destroy the virulence of the poison. Boerhaave harbored this idea, but it really was no longer tenable. The specificity of a sore might be destroyed by phagedænism, but the occurrence of secondary symptoms must depend on the fact of the chancre having been indurated or not. With Mr. Lee's notions, it would be an easy matter to prevent secondary symptoms by enlarging and keeping up syphilitic ulcerations. Mr. Lee might have noticed that large buboes were followed by slight eruptions, but this was certainly not a general law; and the fact had not been observed frequently enough to deserve attention. Mr. de Méric was astonished that Mr. Lee made inoculations for any other purpose than that of diagnosis. Hunter and Ricord had no other intention when they carried on their experiments, and did not resort to inoculations to learn whether secondary symptoms would occur or not. A case under Mr. Simon, at St. Thomas' Hospital, was mentioned by M. de Méric, to show that inoculations and the microscope were used to establish a differential diagnosis between chancre and cancer of the penis. The author of the paper was extremely obliged to Dr. Chowne for his kind words, and sure that the latter would not hesitate to side with him in the repudiation of syphilisation. In answer to Dr. Chowne's inquiry, Mr. de Méric was sorry to say, that secondary syphilis, either accidentally caught or artificially implanted by M. Auzias, was doubtless transmissible to the patient's offspring. In answer to Mr. Dendy, Mr. de Méric would observe, that the dilution of the pus, advised by Mr. Dendy, had some analogy with the vaccination advocated by Mr. Diday, of Lyons. This practice had, however, been found sadly wanting. Dr. Radcliffe must be laboring under a mistake when he stated that the discussion at Paris had been confined to one case; the whole history of syphilisation had been broached, and largely gone into. Mr. de Méric had annexed M. Zelasche's case to his paper, but had not read it, for fear of fatiguing the attention of the Fellows. The case is most distressing and condemnatory of the practice of syphilisation. Dr. Radcliffe had touched upon the transmissibility of secondary symptoms; this question was too important to be cursorily treated, but Mr. de Méric would be glad to discuss it at a future period. Mr Clarke's observa-

tions were certainly interesting, but it was probable that secondary symptoms depended, in Nubia as in England, on the induration or non-induration of the original chancre. Mr. de Méric concluded by offering his best acknowledgments to the President and the Fellows for the courteous attention they had given to his paper.—*London Med. Times and Gaz.*

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## UNITED STATES.

*Medical Topography, Climate, Diseases, &c., of Monterey, California.* By W. S. King, M. D., Assistant Surgeon U. S. A.—Forty leagues from San Francisco, and upon the shores of Monterey Bay, is situated *Monterey*, probably the most beautiful village on the coast of California. In all that constitutes beauty of scenery, derived from a proper proportion of woodland, water, hills, and distant mountains, Monterey will bear a comparison with other places of more celebrity, and its claims, in this respect, are acknowledged by all travelers. The houses (mostly adobe) are built on a broad gentle slope of land (about two miles from point pinos), the southern extremity of the bay. They are scattered over an extent of three-quarters of a mile, and, mirrored in the placid waters of the bay, stand in bold relief against a background of extensive forest. The hills in the rear increase in height as they run to the south-east, till, at a distance of forty miles, they are merged in the high mountains of the coast range. The northern shore of the bay is twenty miles distant, bending so far to the west, that the Pacific is not visible from any part of the town. The peninsula, intervening between the bay and the Pacific shore, is covered by a fine growth of tall and stately pines, with a few scattering oak-trees. About a hundred yards from the southern shore of the bay, on a level with it, and skirting the western edge of the town, is a low flat sandy plain, in the centre of which is a lagoon, near half a mile in length by one-eighth in breadth. During the prevalence of the high tides in the spring, the water of the bay flows into this lagoon and keeps it full; but, at other seasons, particularly at the latter part of the dry season, the water of the lagoon recedes towards the centre, leaving a good deal of vegetable matter exposed to the action of the sun, the odor from which is far from agreeable when sufficiently near to inhale it. The water of this lagoon is so brackish at all seasons of the year that cattle will not drink it. Farther to the north

and east in the same plain, and nearly parallel with the shore of the bay, are two other lagoons of a larger size, at a distance of one and two miles from the town. At the eastern edge of this last lagoon, the land rises gradually by a continuous elevation about six miles, and from thence by a gradual descent to the Salinas River, a large stream emptying into the bay about ten miles from Monterey. Beyond this river are what is called the Salinas Plains, a broad level prairie of nine miles in width, extending to the San Juan Mountains.

Three miles south of Monterey is the Rio de Carmel Valley, watered by a river of the same name, which empties into Carmel Bay. The soil of this valley is rich and alluvial, adapted to agriculture. This valley and the Salinas Plains are the only points under cultivation near Monterey. Just beyond Carmel River is Point Lebos, a promontory on the coast, celebrated for the number of seals and sea-lions always to be found there.

Monterey redoubt, a few hundred yards to the north of the town, is placed upon an elevation of one hundred and forty feet above the bay. It is surrounded by a picket-work, and incloses a sufficient area for a parade ground and a garden for the use of the troops.

On the side of the redoubt next the bay is a battery mounting twenty heavy guns. The quarters for the officers and men are built of logs neatly plastered and whitewashed, and are commodious and comfortable.

As the climate and character of disease at the fort and town of Monterey are precisely alike, it will be understood that both are included in my remarks. The population of Monterey is from six to eight hundred, three-fourths of which are native Californians.

*Climate.*—The atmosphere is humid, temperature agreeably warm and equable; the prevalent winds are sea-breezes from the west and north; the land-winds from the east and south are much less prevalent, blow less strongly, and can frequently be only detected by the uncomfortable feelings they produce. There is one rainy season from November till April. This is about the average time the rains begin and terminate, although sometimes considerable rain will fall as early as October and continue until May. During this period there are frequent intervals of fine weather, of such extraordinary beauty and balmy temperature that travellers arriving on the coast might well imagine, with Colonel Fremont, that it resembled the climate of southern Italy.

During the dry season, the fogs rise from the sea late in the afternoon, float over the town and disperse usually by 9 P. M.; there is also a fog generally in the morning until 10 o'clock A. M. I may add here that these fogs are found on the entire coast of California as far south as Point Conception. In the rainy season, at which time the winds are from the south and east, there are no fogs; the sky, when not raining, being clear and cloudless. To give some idea of the temperature at Monterey, the following memoranda, extracted from the Meteorological Register of the post is here inserted:—

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|---|---|
| Mean annual temperature for the year 1850, - | 55.00° |
| Coldest day, March 25 (mean for the day), - | 39.00 |
| Warmest day, Sept. 18, " " - | 77.50 |
| Highest range, September - - - | 94.00 |
| Lowest range, December - - - - | 30.00 |
| Mean temperature for 1851 - - - - | 57.54 |
| Coldest day (mean for the day) - - - | 46.50 |
| Warmest day " " - - - - - | 73.50 |
| Highest range, August - - - - - | 75.00 |
| Lowest range, December - - - - | 40.00 |

There is a difference between the mean temperature of summer and winter months of only from six to seven degrees, and hence the annual temperature is very uniform, although the diurnal changes may be considerable.

*Diseases.*—I have little knowledge of the diseases of this neighborhood previous to my arrival at Monterey in the spring of 1849. In 1844, I am informed the smallpox visited this place, carrying off a large number of inhabitants, chiefly Indians, who had not been vaccinated. At some of the Missions in California at the same period, nearly the entire population died from the same disease.

I do not know that any particular disease can be said to be epidemic to this location. The diseases from which the inhabitants are entirely free, are contagious or infectious fevers (except the exanthemata,) calculus, diabetes, and rabies; those from which they are nearly exempt are consumptions, dyspepsia, aneurism, and malignant tumors; and those which are mild and of rare occurrence are diarrhœa and dysentery. On my arrival at Monterey in 1849, I found hooping-cough and measles of a mild form prevailing in the town. On inquiry, I learned that these diseases were unknown here previous to the arrival of the Americans in 1846, who brought them from the States. A few cases of these complaints

occurred here the following year, since which time they have disappeared; and, owing to the peculiar climate, and the prevalence of the strong and constant winds from the ocean, I do not believe they will reappear until imported *de novo*. During their prevalence, some cases of rubeola so much resembled scarlatina, that it was extremely difficult to distinguish one from the other. Some cases of scarlatina were reported to me, but I am unable to say whether they were genuine or not, not having seen them. So far as I was acquainted (and my practice was very general throughout the town,) but very few cases proved fatal.

My predecessor, Dr. Murray, U. S. A., has reported several cases of typhod fever in Monterey in the fall of 1847. These cases occurred among recruits just arrived from a protracted sea-voyage, and were no doubt attributable to the long confinement on shipboard, and the want of a proper supply of fresh and wholesome food. Since that period to the present time, I am not aware of any instance of this fever except one in an emigrant who arrived at Monterey overland, after enduring incredible hardships and sufferings, and who died shortly after his arrival.

Although, now and then, intermittents are met with here, yet in every instance, according to my experience, they were found among recruits who had contracted the disease elsewhere, or, miners who had been living in the valleys of the Sacramento and San Joaquim, where the disease prevails extensively, and who have come here for the benefit of their health. Off from the coast, as far interior as the Salinas River, a few cases are met with, but I have never known a case of intermittent fever *originating* in Monterey. The only epidemic common here is influenza, and in the autumn particularly, when the winds commence to blow from the land (which they usually do a short time before the advent of the rain) nearly the entire population become affected. I am inclined to believe that owing to the situation of the lagoons, already described, if it were not for the setting in of the rains shortly after the commencement of the land-breezes, Monterey would be much more unhealthy, it being to the leeward of the lagoons, and, therefore, exposed to any injurious influence emanating therefrom.

To the unfavorable influence of these winds the inhabitants are accustomed to ascribe an unusual feeling of discomfort and want of energy felt at this time. As many of the people live in low adobe houses, without board floors, and in

many instances without windows, the only means of egress being a very low doorway, it will follow as a matter of course that these dwellings will be low, damp, and badly lighted and ventilated. If to these causes be added coarse and badly cooked food, and the practice of the whole family sleeping in one apartment, it will not be surprising that, as a result of this mode of life alone, scrofula and summer complaint of children, and diseases of the lungs, will occasionally be found, without supposing anything in the climate disposing to the complaints. Scrofula is a disease of rare occurrence; the two latter are more common. More children die of cholera infantum and lobular, or infantile pneumonia than from any other disease. These affections, as I have before observed, are produced more by modes of living than to any climate agency. It is the custom among all classes of native Californians to clothe their children very scantily until they attain the age of four or five years. Before this period no shoes or stockings are used, the only garment worn being a short single petticoat of thin calico, and often, indeed, they are without any clothing whatever. During the rainy season, the lower extremities of the children are continually cold and damp, and as fire-places and chimneys are unknown, their garments are seldom dry, and, in this condition, they usually sleep on mats laid on a ground-floor. To these causes are to be ascribed the catarrhal affections so common to children, and pleurisy met with frequently in adults.

Asthma is a disease of rare occurrence in Monterey or in California; I have seen but two cases in three years. The Asiatic cholera has not as yet visited this place. During the season that cholera prevailed in California, it began in Sacramento Valley; we find it in San Francisco next, and proceeding to San Jose, passing in a southerly direction to the eastward of Monterey, to San Louis Obispo and Santa Barbara. None of the premonitory symptoms of this epidemic were ever present at this place. To what cause this exemption from this wide-spreading epidemic is due, is involved in mystery. But two cases of diarrhœa and dysentery are reported in my returns of sick for the past year. It will be inferred from the foregoing sketch of the diseases of this port and vicinity, that it is a position enjoying a high degree of salubrity, and also from the fact that there are no diseases of peculiarity or importance that prominency can be given to any class of affections, or any points of striking character can enter into this account.

Before closing this paper with a brief allusion to some of the diseases of females of this region, I will barely allude to one peculiarity I have observed in the diseases, not only in Monterey, but in all California, and that is, the extreme tendency to functional disturbance of the brain. What I allude to is, the fact that in diseases, often of a mild character, which elsewhere and in similar circumstances are unattended by the slightest mental aberration are, in California, often accompanied by impaired intellect, and sometimes delirium. It is owing, I think, to this peculiarity, that delirium tremens is found to follow very slight excess in drinking, which I before supposed to be entirely inadequate to produce this affection. A contrary opinion I am aware exists to some extent here, but I believe it is founded in error, and that all who have studied this subject will agree with me, that no one can indulge in the use of spirituous liquors with the same impunity in California as elsewhere.

Insanity, it is well known, is very frequent in California, where, it is true, the predisposing causes exist to an unusual extent, in the excited condition of the country; but how much is due to the influence of climate remains yet to be determined. In this small town are five cases of confirmed insanity of long standing.

*Diseases of Females.*—The diseases peculiar to females are far more common in Monterey than any other class of disorders. Of these, the most usual are leucorrhœa, prolapsus uteri, and deranged menstruation. Those affections are more numerous in proportion to the population in Monterey than in any community I have ever known.

The two first mentioned are, I believe, owing to the mode of treating parturient women practised by the natives of this place. It is the custom in Monterey, when labor begins, to place the woman on a chair in the middle of the room; a rope is fastened to the rafters above her head, which she is directed to pull. Round her abdomen a broad towel or rebosa is passed, the ends crossed behind, and intrusted to assistants, who are instructed to tighten it when the abominal tumor descends during the pain, and *belay there* (as it were) until the arrival of the next, when it is hauled *taut* again, so as to hold on each time to the progress made, and not permit the usual ascent of the tumor after the subsidence of the pain. With the same view, a strong man is frequently seated behind the woman, who, with his hands placed on her abdomen, makes strong pressure downwards at each pain, with the idea

of assisting, by mechanical force, the contractions of the uterus. All this time, the midwife (generally some old woman) is seated in front with one, and, if possible, both hands in the vagina, making all the traction in her power. When the woman and assistants are somewhat fatigued, she is placed upon her knees on the floor, but without relaxing any of the means and appliances which would cause them to lose the advantage already gained.

These measures often prove fatal to both mother and child; usually, on the termination of the labor, the female is completely exhausted. From the injury done to the soft parts by the long and rough handling, ulceration and inflammation often ensue; thus laying the foundation of uterine and vaginal diseases, with displacement of the uterus.

Immediately after the delivery, and when the poor woman is nearly worn out, and in a more or less excited state, and the nervous system in an exceedingly susceptiple condition, and disposed to receive strong impressions from slight causes, it is the universal custom for all acquaintances, however slight, to visit, with one accord, the new mother; so that her room will resemble an evening party; being filled with numerous guests, who do not hesitate to sit for hours, in loud conversation, and regale themselves in smoking paper cigarettes. When we consider how much lying-in women often suffer from not being kept in a tranquil and quiet state after confinement, and how important to her well-doing is rest and exclusion of company, we may readily conceive the unfortunate result of an opposite course, and understand why more untoward circumstances happen with such women here than ordinarily.

Within the last four years, the influence of the intelligent physician, and a few American families, have made some improvement in these matters; but, as this part of the profession is still in the hands of the California midwife, much ignorance and superstition still exist throughout the country, to an extent that could scarcely be credited in other portions of the United States.

I have heard of many causes of impaired memory charged to the influence of California climates, but I have no certain evidence that this is true; yet, judging from the complaints made by Eastern friends, and the many instances of entire forgetfulness and disregard of the strongest of earthly ties by those sojourning in California, one might readily imagine that

some potent spell, like the Lethean waters of ancient story, was exerted by the zephyrs of the Pacific coast.

Although there is nothing of peculiar interest contained in the above sketch, which is the result of a residence of more than three years in Monterey; yet, as so little is really known of that locality, I have deemed it proper to contribute something, however imperfect, to add to our information of this interesting country.

San Diego Mission, California, December, 17, 1852.

*Peculiar Case of Lithotomy; singular Nucleus for, and unusual Size of the Calculus.*—By Dr. Wm. G. Wheeler, of Chelsea, Mass.

[The patient was a female, twenty one years of age—had suffered for a long time with the usual symptoms of stone in the bladder. On sounding, the stone was readily detected, and appeared to be of a very large size. The operation of lithotrity was attempted, but failed, from the contracted and irritable state of the bladder, and from the size, hardness, and shape of the stone.]

Disappointed as to lithotrity, the operation of lithotomy seemed the only resource. The case was plainly stated to the friends; a preparatory treatment adopted, and the operation urged. On the 1st of October, the patient, having consented, was etherized, and the operation done by Dr. W., assisted by Drs. Stedman and Ingalls. The vagino-vesical method was chosen, as offering apparently the best chance for the patient, on account of the situation of the stone and the contracted condition of the blander. The patient being placed in the usual position, an incision was carried downwards and backwards upon the groove of the staff; the operator's forefinger, passed through this opening, felt the stone, of large size, and apparently fixed at certain points. Fears of a sacculated condition of the bladder were suggested: farther exploration by the finger discovered a projecting point, which was at first supposed to be a sharp corner or tubercle of the calculus; but it was finally concluded that it was some foreign body which had served as a nucleus for the calcareous deposit. Efforts to break the stone failed; and, the porition of the forceps being changed, one blade was passed over the sharp point alluded to, and after much difficulty, manipulation, and delay, a stone was extracted weighing over two ounces and three-quarters, and there was found passing obliquely *through its*

*centre, a large wire hair-pin*, measuring over three inches and a half in length. This pin, and the direction it had with regard to the incission, together with the size of the calculus, caused the delay and enbarrassment in the extraction of the latter. Thus is also explained the seeming immobility of the stone at certain points.

The patient survives the operation, and has done remarkably well, with the exception that a small fistulous opening still remains. The local as well as the constitutional symptoms have been very mild, when compared with those which followed the previous attempts at lithotrity.

The history of the hair-pin is of some interest, as it gives a probable date of the commencement of the formation of the calculus. Since the operation, the patient has stated that the pin *was introduced through the urethra about six years ago.* She never mentioned this fact to any one; preferring to suffer in silence. The foreign body caused some pain and uneasiness soon after its passage within the bladder, but no severe symptoms were manifested until about two years after its introduction, since which time they have gradually increased in severity.—*Amer. Jour. Med. Sci.*

[This case reminds us of one, that Professor Wm. Gibson is in the habit of relating to his classes, in which a persimmon seed, had passed into the the bladder, and became a nucleus for the stone.]

*Fusel Oil in Phthisis.*—[Dr. Storer of the Massachusetts General Hospital has used the fusel oil in the treatment of the phthisical patients with encouraging success, as the following cases, reported by him will show.]

Susan Lynch, aged thirteen years. Ireland. Entered hospital Sept. 1st. Some dulness observed on percussion over right scapula; well marked submucous rale; bronchophony; dulness on percussion under right clavicle; crackling and pectoriloquy.

Ordered fusel oil, three drops in a drachm of wine, to be given three times daily.

*Oct.* 27. Cough lessened; weighs ten pounds more than upon entrance.

Ann Ferguson, aged twenty-two years; domestic; born in Ireland. No hereditary predisposition to disease; well until three and a half years before entering hospital, Aug. 13, 1852. After a day of hard work and exposure, took cold, and has

suffered from cough ever since. Had hæmoptysis two and a half years ago, very slight; and again, about one week since, raising a few mouthfuls. Cough now most urgent in mornings. Has chills, heats, and night sweats; has lost flesh since last spring; expectorates thick yellow matter.

*Aug.* 13. Dulness on percussion beneath right scapula, with increased resonance of voice and muco-crepitous rale. Also muco-crepitous rale and resonance of voice below right clavicle; expectorates a thick muco-purulent matter, a portion of which is slightly tinged with blood; nails adunque; weighs 102 pounds.

Ordered fusel oil, five drops in a drachm of wine, three times daily, immediately after each meal.

*Sept.* 2. Cough has diminished since taking oil; is much more comfortable; experiences no inconvenience from cough.

*Oct.* 8. Weighed yesterday 109 pounds, having gained 7 pounds since entrance.

## Miscellaneous.

*To Correspondents.*—We have received from an anonymous correspondent, a communication signed "Probe," making inquiries in relation to the propriety of certain alleged acts which he thinks frequently occur in the profession. We heartily condemn the practice to which our correspondent refers, and hope he has been misinformed. As to the communication we must decline publishing it until the author's name is given. And we will now remark, on that subject, that we cannot consent to publish any communication until the author's name is entrusted to us. It is not essential that the name be *published*, on the contrary, there can be no objection to a fictitious signature, but it is always proper that the Editors should be in possession of the name of the writer. When "Probe" furnishes his real name, his communication shall appear.

*Dr. Marshall Hall.*—This distiguished English physician, as many of our readers know, is now on a tour through the United States, and in his progress westward, honored Cincinnati with a visit, and remained with us one week. During that time we had the pleasure of seeing him frequently, and

in common with the profession generally, could but admire his candor, simplicity, and intelligence. He is perfectly enthusiastic in his profession; and although now sixty-three years of age, and having entirely given up all medical duties, still manifests the most lively interest in everything pertaining to the progress of our science, and is ever ready with a happy suggestion for its improvement. The physiology and pathology of the nervous system, to which he has devoted so much attention, are subjects which still preëminently occupy his mind, and he is ever ready to devote time to patients suffering from nervous diseases. The labors of Dr. Hall, although generally acknowledged by the profession, have not received from his own countrymen that marked distinction which their great merits so justly deserve, and it must be reserved for posterity to render that just reward which must finally be given. It affords us pleasure to know, that the marked respect with which he was every where received in the United States, inspired him with the profoundest gratitude, and made him feel that, although distant from his native shores, he was among true friends and ardent admirers. So favorably impressed, indeed, has Dr. Hall became with this country, that he is inclined to make the United States his future home.

We shall have the pleasure of presenting in our next number a *Clinical Lecture on Epilepsy*, delivered by Dr. Hall at the Commercial Hospital, during his visit to this city.

*Pareira's Elements of Materia Medica.*—It is announced that the second volume of Pareira's work, (which was incomplete at the time of his death,) will be arranged for publication during the ensuing summer.

*American Medical Society of Paris.*—We translate the following from the *Gazette des Hospitaux*, of March 24th:

"We learn that the American Medical Society continues to receive a large number of new members. Twenty-five or thirty members, and a number of visitors, are present at the weekly *re-unions*, which gives a lively interest to the original dissertations and the debates to which they ordinarily give rise.

"Dr. W. E. Johnson (of Ohio) has recently been elected President of the Society."

Dr. Paul Dubois has been appointed accoucheur to the Empress of France.

Drs. Mott, of New York, and Warren of Boston, have been elected members of the *Academie de Medicine* of Paris.

*Cholera in Russia.*—The *Gazette des Hospitaux* states that on the morning of the 23d of February there were, at St. Petersburg, 149 cases under treatment. During that day 16 new cases occurred, of which 9 were cured and 7 died.

The *Societe de Pharmacie*, at Paris, in 1849, instituted a prize of 4,000 franks, to be given to the person who should furnish the best substitute for Quinine. Bussy, Guibourt, Gaultier de Claubry, Bouchardat, Quevenne, and Brignet, were Commissioned to decide between the competitors for this prize, and have reported, that eight out of nine substances proposed to them, "were of no importance."

The 6th essay proposed the seeds of *parsley* and *celery*. This remedy the Commission found to be important, and used the following language in relation to it:

"The Commissioners have submitted the remedy proposed in No. 6 to various distinguished physicians in France and in the French army, whereby it has been established that the parsley-seed has a decided power against fever, although its operation is not equal to that of quinine. The author obtained a sum of 1,000 francs as a reward for his treatise.

A prize is now, however, offered anew, of 6,000 francs, for a treatise which shall solve the problem to the extent that the original proposition requires, to be awarded at the meeting of 1854."

*Extraordinary case of Saccharine Diabetes.*—Dr. Frincke of Baltimore, reports, in the Amer. Jour. of Med. Sciences, a case of Saccharine Diabetes, that on one day passed eight hundred and ninety-six ounces of urine, equivalent to fifty-six pints, or seven gallons. And the amount of sugar, contained in this enormous quantity of fluid, was estimated at four pounds ten ounces.

*A new mode of reducing Dislocation of the Thumb.*—By John Doe, M. D., of Cabot, Vermont.

"In this dislocation, the phalangeal end of the metacarpus projects into the palmar surface of the hand, forcing itself between and through the flexor muscles of the thumb, which form a loop around the head of the bone. Extension made upon the thumb makes this loop more tense; and, as the

metacarpal end of the first phalanx is broad and considerably flattened on its palmar aspect, it must be apparent at once that the difficulty of reduction is directly as the amount of extension. There is good reason to believe that extension would never succeed in these cases without rotation. The principal indication in treatment here, is to relax the flexors forming the loop, so that the end of the phalanx can be pushed forward into the loop, and by carrying the muscles forward with it disengage the head of the metacarpus. This can be done in the following manner:—

Having previously warmed the hand, if cold, in warm water, the surgeon should seat himself by the patient, facing in the same direction, and upon the same side with the injured thumb, and place the hand upon his knee. Tip back the thumb upon the dorsum of the metacarpus to more than a right angle, or so as to form a slightly acute angle with the latter bone; place both index fingers against the ball of the thumb, and the ends of both thumbs against the dorsum of the disarticulated end of the phalanx; now by pushing forward forcibly, yet steadily against the phalangeal bone with both thumbs. Reduction will generally be effected on the first trial, and almost instantly."

*Erysipelas.*—Collodion appears to be now preferred by many, over every other local application, but in some cases its contraction causes a painful degree of pressure upon the inflamed parts. To obviate this, it has been advised to mix two parts castor oil to 30 of collodion, which gives it the requisite softness and elasticity. The local applications used in this disease are numerous, and each different one that has been suggested has its advocates. Probably the good effects of all, are mainly due to a common quality—that of shielding the surface from the contact of the atmosphere. The collodion answers this purpose very effectually, but solutions of gutta percha and shellac scarcely less so. A coating of flour, or powdered starch, as in the treatment of burns, affords sufficient protection in many cases, which is increased by first washing the skin with a solution of glycerine. The white of an egg is scarcely inferior to any of these. Of the stimulating applications we have found Lugol's Solution of Iodine the most useful. To prevent the spreading of the disease, it should be extended for a small space upon the sound skin. The constitutional treatment of erysipelas is not less varied than the local, depending mainly upon the variable character

of the disease in its different stages, and at different times and places. It is treated both as a sthenic and an asthenic disease. In this country, and particularly in the South, the former character is more likely to prevail, requiring depletion and sedatives; while in Europe, and particularly in the large cities, the disease is said to assume, in general, the asthenic character, indicating the use of tonic remedies. The Belle of Edinburgh recommended the chalybeate treatment, and they are sustained by Ranking, who succeeded with the muriated tincture of iron, in doses of 36 drops, after wine, ammonia, quinine, &c., had failed. He states it as his invariable practice in this disease, to lose no time in sustaining the powers of the patient by wine, beef-tea, and ammonia; the local applications being nitrate of silver and flour. In this region it is a rare thing, we apprehend, to administer tonics in the early stage of the disease.

*The Virginia Medical and Surgical Journal.*—The first number of this Journal is on our table. It is edited by G. A. Otis, M. D., and H. L. Thomas, M. D., of Richmond, Va., Published monthly, and each number is to contain eighty pages. Price five dollars a year. Editorially, it will bear a favorable comparison with the best of our exchanges. Mechanically, its execution is unexceptionable.

*Sucquet's Method of Preserving Bodies in Anatomical Institutes.*—Sucquet, of France, received a medal at the exhibition in London, and lately a premium of 2000 francs from the Academy in Paris, for his invention to preserve corpses, and to prevent infection in anatomical institutes. The method, proving to be a good one, is introduced now in almost all academies or anatomical theatres abroad. The liquid injected into the bodies is prepared as follows: Sulphurous acid, obtained by heating sulphuric acid and wood-raspings, is passed into a solution of carbonate of soda (of 22° Baumé) until all carbonic acid is expelled, and the sulphurious acid is in excess, the solution has 24° (Baumé,) then it is p ured upon zinc filings, until it becomes neutral. (A polished iron dipped into it and then exposed to the air for some time, should not become brown.) Of this liquid, about one gallon is injected through one of the arteries of the neck. The section may then be commenced either after 24 hours, or postponed for 20, 30, and even 40 days, without any disadvantage. Those parts which are already separated from the body and

more exposed to the air, are impregnated with a solution of chloride of zinc, a precaution which is likewise to be applied to those bodies which have been opened before being injected with Sucquet's liquid. In these cases, the vessels are tied up, to prevent the escape of the injection. Sucquet's liquid must be applied to recently dead bodies, because it does not prevent putrefaction, if they have commenced to decompose. The instruments, knives, etc., are not much acted on by Sucquet's liquid, and are therefore easily cleaned again. It is stated, too, that dissection-wounds have never proved fatal when Sucquet's liquid has been used.—*Polytehnisches Jour, Jan.*, 1852.

# Obituaries.

*Died*,—In Dublin, Ireland, on the 20th March, in the 57th years of his age, Dr. Robert J. Graves. Dr. G. had suffered recently from attacks of gout, but his last illness involved the lungs. He had violent paroxysms of cough, and finally a "purpuric state of the blood," accompanied by dropsy, supervened.

Dr. Graves justly ranked as one of the most distinguished physicians of the age, and his loss will be deeply regretted by the profession in every country.

*Died*,—In Paris, on the 12th of March, of pneumonia, M. Orfilla, the distinguished Chemist. M. Orfilla had recently endured much mental suffering in consequence of the affliction of his son, who was epileptic, and confined in a lunatic asylum; on the 4th of March, however, he lectured to a large audience, and seemed in good health. He was speedily attacked with *pneumonia*, and died on the 12th.

*Died*,—In Tiffin, O., on the 14th April, Dr. E. Dresbach, a distinguished physician of that place. The following testimonial of respect, adopted by the physicians with whom the deceased associated, justly bear testimony to his high professional and social merits.

At a meeting of the Medical Profession of Tiffin City, O., held at the office of Dr. J. A. McFarland, on the evening of April the 16th, 1853, for the purpose of expressing regrets on the death of Dr. E. Dresbach, late of this place, Dr. J.

A. McFarland was chosen President, and Dr. G. Sprague Secretary.

On motion of Drs. Kuhn, Reeme and Russell were appointed a Committee to draft resolutions expressive of the sense of the meeting.

The following resolutions were unanimously adopted.

Whereas, It has pleased Almighty God, to remove from among us, our much esteemed friend, Dr E. Dresbach; and whereas, we, his professional brethern, deem it a duty incumbent on us, to give expression to our sentiments, in relation to this afflicting dispensation. Therefore,

*Resolved*, That in his death, the Medical Profession has lost one of its most devoted and useful members,—a close student, a rigid observer of the rules of professional etiquette, and an uncompromising enemy to quackery in all its forms, whether in or out of the regular profession,—and this city, and county, a most generous, kind, warm hearted and self-sacrificing citizen.

*Resolved*, That the professional labors of the deceased, extending as they have, through a period of more than a quarter of a century, and crowned as they have been with extraordinary success, deserve to be held in grateful remembrance by thousands of this community.

*Resolved*, That we heartily sympathise with the relatives of the deceased, and that we tender to them the expression of our sincere condolence.

*Resolved*, That we attend the funeral to-morrow afternoon in a body, and that we wear the usual badge of mourning for the period of thirty days.

*Resolved*, That Doctors Kuhn, McFarland and Sprague be a Committee to prepare a Biography of the late Dr. E. Dresbach, and publish the same in book form as soon as ready.

*Resolved*, That these proceedings be published in the three papers of this City, in the *Western Lancet*, the *Ohio Journal of Medicine and Surgery*, the *Western Journal of Medicine*, and in the Daily papers of Sandusky City.

J. A. M'FARLAND, *Pres't.*

G. Sprague, *Sec'y.*

# Western Lancet.

EDITED BY

L. M. LAWSON, M. D.,

PROFESSOR OF PATHOLOGY AND THE PRACTICE OF MEDICINE IN THE MEDICAL COLLEGE OF OHIO.

AND

T. WOOD, M. D.

No. 6. CINCINNATI, JUNE, 1853. Vol. XVI.

THE PRETENSIONS OF HOMŒOPATHY, to the confidence of the *Profession*, is an amusing instance of supreme absurdity. We are constantly called upon to *investigate*—to *experiment*—to cast aside the well-tried principles of an established science, and substitute the fanciful theories of a deluded or dishonest adventurer. The appeals which the homœopathists thus make to the *profession* are repeated to the *people*, and we are charged with ignorance of the principles of the Hahnemannian School, and an obstinate refusal to *experiment* with their remedies. These specious appeals have their effect, and many doubtless honestly believe that the homœopathic system is opposed by the regular profession as a result of ignorance.

The *American Journal of Homœopathy* has assumed a high degree of mock dignity on this subject. It charges the American Medical Association with *dishonesty*, because it has not appointed a committee to experiment on the subject! The sapient editor thus exposes his folly:

"There was a time, when we thought allopathists honest in their opposition to Homœopathy; but we can no longer throw around them this cloak of charity; and for this reason—they are ignorant of that they oppose, and wilfully so. The light has now been shining for half a century, but these men close their eyes to it, and choose darkness. They say Homœopathy is "quackery," and yet they cannot find a single element of quackery in her. They say it is "irregular practice," and yet it is the only system which can lay any claim whatever to regularity. They say it is a "fanciful theory," while it is no theory at all. They say all manner of evil against Homœopathy and her practitioners without reason, which shows that the allopathic school is in a desperate state. Our deliberate opinion is, it is lost beyond the hope of recovery. The people, perceiving that *quackery* is alone to be found in that school, are renouncing allopathy in every part of our country; which fact the American Medical Association knows, but it has not enough of the love of truth, nor of the principle of honesty, to say so. We charge that this association is, in the highest degree, dishonest; that it is staining the character and lessening the reputation of medical men."

Doubtless the Homœopathists of New York felt the diminutiveness of their own profession, when they beheld the august assemblage of the American Medical Association, and to mitigate their own intolerable ignorance or duplicity, ventured on the bold denunciation of this brilliant representation of the American profession!

We are denounced, however, because we do not experiment. What is human life, and what the duties of the honest and conscientious physician? Is the one so insignificant that it may become the plaything of every theory of deluded or dishonest men, and is the other so lost to the dictates of humanity as to become the ready instrument of such a nefarious transaction? Surely not; the profession would not stand guiltless if seduced into such a wicked and barbarous work, even though lured on by the blandishment of a false science, and urged to the commission of the deed by the ferocious cry of DISHONESTY.

The experiments performed by the French physiologists on *dumb brutes* have been denounced by many as cruel and unwarrantable; but the Homœopathists demand that human beings shall become victims, in order to test *their* absurd and contradictory asservations!

It may be a question, however, how we are expected to experi-

ment. Some desire us to turn to the experiments of Hahnemann, and test the effects of infinitesmal doses on healthy persons; while others expect us to take the original trials as the basis of practice, and apply remedies to disease accordingly. It is quite obvious that the question could not be settled by a repetition of Hahnemann's experiments, for if they failed in every instance, we would simply be charged with inaccuracy. The only method, therefore, to *experiment* is to test the remedies as proposed by Hahnemann in the cure of disease. This can only be done by adhering to some authentic book, or under the direction of a Homœopathic practitioner. Now who is prepared for such a trial? Would an *honest* man thus wontonly trifle with the life of a patient? And would not the public themselves denounce such a procedure as not only wrong, but positively *criminal?*

On this principal of experimenting to test the truth of every proposed theory, no matter how absurd, we imagine the life of a physician would be little else then one continued scene of desolation. Homœopathy, mesmerism, spirit-rappings, and all such fantastical humbugs must each be tried, and then, it may be, we would be called to decide the identity of the moon and green cheese! Suppose, for example, we wish to make a diagnosis—*send for a spirit-rapper or clairvoyant;* then, search through the long list of Homœopathic remedies, note five hundred symptoms, and give the decillionth of a grain of chalk! That *would* be experimenting; but we would rather be called ignorant and dishonest than to enter on such a work.

Perhaps we can make the subject of experiments clearer by quotations from Homœopathic books.

*Hernia* is justly regarded as one of the most formidable accidents which the surgeon encounters. Could we believe that the little globules are recommended for its cure? So it is, as we find in "Hull's Laurie." "Even strangulated hernia," says the writer, "is capable of being reduced by the taxis with facility, after the employment of the proper remedies, particularly *aconite* and *nux vom.*, and the operation, which is always more or less dangerous, thereby avoided."

Again: "When the case has been neglected, or the progress of the malady already advanced so far on reaching the patient, that the integuments over the rupture have assumed a livid hue, and

there is reason to apprehend the invasion of grangrene, the patient may yet be saved by the administration of LACHESIS in repeated doses; if no relief follow in the space of about two hours, ARSENICUM may be tried."

Hempel says, "*Aurum* cures inguinal hernia of little children. (Two doses a day.") But he directs *cocculus* when there are tardy stools, canine hunger, cries; *opium* "for constipation brought on by cold and causing great pain in the region of the hernia."

Now let the experimenter come! Surely it would be *dishonesty* in the extreme not to test such a brilliant system!

There would be no little difficulty, we apprehend, in deciding on the *dose* of medicine, even were we reckless enough to experiment. We find the journal above alluded to inveighing against what it calls "allopathy mistaken for homœopathy." It is declared that many homœopaths administer the "mother tinctures" in *drop* doses, and the triturations in grain doses. These, it is true, are not very large doses, but they appear frightfully gigantic to eyes Homœopathic. Nothing but the high dilutions and triturations will do for this orthodox Hahnemannian. But in opposition to this refined dosing, we find Laurie recommending a "saturated solution of camphor," (one part of camphor to twenty of spirits of wine,) in doses of one or two drops every five minutes; and Hempel, still more daring, proposes *five* drops every five minutes, or one drachm in an hour, in cholera.

Now amidst all this confusion we can recognise nothing so clearly as *gross empiricism*, cunningly disguised by a multitude of technicalities, and recommended to the credulity of the people by its exquisite mystery.

No, sir, we will not risk the lives of our patients by experimenting with such an obviously false system. There are some things on which the word *falsehood* is indelibly written, and Homœopathy is one of them.

# Original Essays, Lectures & Communications.

*A Clinical Lecture on Epilepsy; delivered at the Commercial Hospital, Cincinnati, April 9th*, 1853. By MARSHALL HALL, M. D., F. R. S., etc. Reported by L. M. LAWSON, M. D.

Dr. Marshall Hall, having been invited to examine several cases of Epilepsy, at the Commercial Hospital, compiled with the request, and in the presence of a considerable number of physicians and students, very carefully and satisfactorily investigated three cases.

The first case was a young man, aged 25, who had been affected with Epileptic fits, at irregular intervals, for a period of nine months. They usually recurred without any obvious exciting cause, about once in three weeks. The patient had formerly been a dairyman, and attributed the disease to the frequent draughts of new milk which he was in the habit of taking at different periods through the day, to the extent of a pint at a time. His previous health had been good. The fit lasts from ten to thirty minutes, after which he revives, but appears exhausted and imbecile for some hours. He makes some noise during the attack, does not froth at the mouth nor bite his tongue, nor is there any great lividity of countenance.

This was regarded as a comparatively mild form of the disease.

The second case was a female, aged 25, who attributes the disease to mental excitement consequent upon the birth of an illegitimate child. The disease seems to have arisen from mental causes, and the attacks are liable to recur whenever she becomes angry or otherwise agitated in mind. The fits are extremely irregular, both as it regards recurrence and intensity. At times she escapes for two or three months, and again is liable to an attack whenever she becomes mentally excited. In some instances they are very severe; but there is not complete closure of the glottis at any time. After the severe attacks, she remains more or less maniacal for several days. The general health is impaired, with a weak action of the heart, but no organic disease of that organ. Her physical powers are much impaired, and the mind evidently greatly weakened.

The third case was more aggravated than the first. The patient was a German, aged 21, who had suffered for about

four years. His mind seemed much impaired, and no accurate history of the origin and progress of the disease could be obtained. His fits recur once in three or four weeks, or oftener if he becomes constipated. The fits are very violent, but it appears that laryngismus is not completely developed; he froths at the mouth, has stertorous breathing, and remains insensible after the convulsion ceases, for a period varying from a half to five or six hours. He does not bite his tongue.

Dr. Hall directed his attention particularly to the existence of *laryngismus*, and, after a careful examination, he reached the conclusion that the spasm of the glottis was not complete in either case. In relation to the above cases, and epilepsy in general, Dr. Hall submitted, in substance, the following remarks:—

GENTLEMEN:—I always feel confident of the result when I can have the opportunity, which I enjoy this day, of *examining* a patient or patients afflicted with epilepsy, in the very presence of my auditory. It is then not *I* who gives the lecture but the *patient*, whose very expressions are worthy of notice. *My* interrogations will be, not of a *leading* character, but merely suggestive, and yours will be the office of judge.

The first patient being introduced, I shall ask him:—How long is it since your first attack of epilepsy? This question gives us a measure of the inveteracy of the malady. I need scarcely remark that the difficulty in the cure, or rather the treatment, is proportional to the previous duration. If the cause be of hereditary origin, if it have followed convulsions in infancy, if it have already subsisted many years, a long and systematic course of treatment must be required to mitigate its symptoms. I next ask:—What do you think was the first exciting cause of your malady, or the exciting causes of subsequent attacks? Has it arisen from any affliction of mind? Or excess of any kind, especially sexual? Does it come on especially during sleep? Or has it been induced by errors in diet, or by disorder of the bowels? Or does it return at catamenial periods?

In the first patient examined, it seems that *milk* had been an exciting cause of attack, and I need scarcely say that a *pint* of milk, (the quantity drank at a time by the patient,) swallowed nearly at a draught would prove a very solid meal in the stomach, unmasticated, and unmingled with the saliva, and with the bubbles of atmospheric air which are usually swallowed with solid food. We must take the fact or fact

as we find them, listening to the patients statement without bias.

I next ask—What warning sign of an approaching attack do you experience? And if there be such a warning voice, I propose energetic modes of treatment as preventives of the threatened attack. An ample dose, as ℈i or ʒss of bicarbonate of potass, with or without an ample dose of ipecacuanha, or rhubarb, is, I think, amongst the most efficacious of our preventive remedies.

I next inquire, not of the patient, but of those who have been by-standers:—What are the appearances of the patient as the attack comes on and proceeds to its climax? Usually the eyes and head are fixed. So, it appears, it is in our first patient. The head is sometimes not only fixed but turned rigidly to one side; there is *torticollis*. This fixed or controlled state of the head is effected by the action of the muscles of the neck, hence I have designated the affection *trachelismus*. It is merely the expression of an obvious fact. With this state of the muscles of the neck there is compression of the large veins of the part, whence flushing and tumefaction of the face and neck, the latter of which is sometimes augmented an inch to an inch and a half in circumference. With this augmented *external* congestion of the face and neck, there is, of course, augmented *internal* congestion of the cerebrum, of the medulla oblongata, etc. These, too, are obvious facts. But from these facts stupor and convulsions proceed, and, indeed, all the phenomena of this form of epilepsy, that is, of *Epilepsia trachelea*.

But now I ask another question:—Is there any *struggle for breath in the throat?* any closure of the larynx? any laryngismus?

In our first patient, the case seems not to involve laryngismus. These are the symptoms which I have noticed,—the bitten tongue, insensibility, etc., but the *direst* form of Epilepsy is not yet.

When there is laryngismus, with, as is usual, violent respiratory, or rather expiratory efforts, then are also the *direst* forms of purpurescence and tumefaction of the face, neck, tongue; of stupor, of convulsions; and, following these, coma, delirium, or perhaps mania, loss of memory or intellect, etc.

Our second patient refers her attack to mental emotion attendant on her bearing an illegitimate child. Since that time she has suffered from epileptic seizures, which have obviously obscured her faculties, and shattered her frame!

The attacks are attended by laryngismus and its effects, and are followed by stupor, temporary mania, and a tendency to suicide.

Now, gentlemen, it is obvious that laryngismus is disarmed, as it were, of its terrors, by the operation of tracheotomy. I strongly urge the trial, therefore, of this measure, not in epilepsy in general terms, but of that form epilepsy which I designate as *Epilepsia laryngea*.

The epilepsia laryngea is the most formidable form of the disease, and is followed by the most formidable effects. Under the influence of tracheotomy, it ceases to be the epilepsia laryngea; it is reduced to another or abortive form; and its formidable effects are obviated!

I beg you, gentlemen, to reflect well on these *facts*, for facts they are! Shall we not when we see intellect, limb, life even, in danger, endeavor to arrest such calamities, even admitting that we can do no more? But this is not all that can be accomplished, even with the direst forms. Epilepsy may be removed altogether, wearing away the susceptibility to attacks; or at least we obtain time for other remedies.

I do not recommend tracheotomy in any of these cases we have seen to-day, but there arises a question whether it should not be adopted in the last case. The mind is going. Institute tracheotomy, administer the strychnia, improve and regulate the diet and bowels, and this poor creature may happily be saved from idiocy and imbecility!

I fear, gentlemen, to weary your patience, but I must add one remark: Epilepsy sometimes occurs in "hidden" seizures; its effects are then misunderstood; mania may occur, which may be homicidal or infanticidal; crime may be committed; and the poor patient may suffer the extreme penalty of the law, *because* there has been a *hidden* fit of epilepsy!

But this event is most apt to occur as a *puerperal* case; and especially in the event of giving birth to an illegitimate child, with all the affliction and torture attendant on such an event. The puerperal mania may be short, too short indeed for detection; and the miserable creature is found guilty of infanticide and pays the penalty of the law by the sacrifice of her life. Surely such an event will henceforth be rendered impossible by the speedy abrogation of a law, the relic of a dark age!

But I must conclude. Read and study this *Table*,* every

* See Dr. Hall's Table on the Physiology of Epilepsy, etc., at the close of this lecture.

word of which is full of fact and of important truth. Let it remain in your library for consultation. And when the seas again divide us, let it be as a remembrancer of one who has long been attached in a peculiar manner to our profession, its scientific character, and its pure and benevolent objects. Amidst much malignant calumny I have pursued my laborious career in another country. But I have my ample reward in the warm greeting and welcome which have attended me since I have arrived in yours. Every good attend you and your noble and liberal institutions!

Excuse me, gentlemen, if I have unconsciously spoken with ardor and enthusiasm of my recent labors. I do trust that an important step is being taken in regard to our knowledge of epilepsy and certain congeneric maladies, infantile and puerperal convulsion, apoplexy, paralysis, mania, dementia, etc.; for our view of these great subjects ought to be expansive; and I have spoken with the enthusiasm which I have felt. Besides, I perceived that I was addressing the kind and generous hearted, and I could use no reserve.

[Since the departure of Dr. Hall from Cincinnati, we have received from him the following statement, which may very properly form an appendix to the preceding lecture. It will be seen that it relates to an epileptic patient who had been subjected to tracheotomy. The seizure detailed was doubtless rendered brief, or interrupted, by the tracheal tube.—REPORTER.]

"I saw Poole on Saturday last, and was fortunate enough to *witness* a fit from its beginning to its close. It was very interesting. The tube was quite patent. The fit commenced by torticollis and turning of the eyes, with general *tonic* spasm, marked in the arms and neck. He was insensible and fell; the face became very dark, and no respiratory movement was either visible or audible for nearly a minute. The muscles then became slightly relaxed, passing into a state of *clonic* spasm; and there was immediately the sound of catching respiration through the tracheal tube. In three minutes he stood up and spoke, and in two or three more he was cleaning the tube! It was an interesting exhibition of what tracheotomy can do; the moment there was an attempt at respiratory movement, the air not coming in contact with a closed larynx; *no coma*. This is one of the severest attacks since the operation, and this is a man whose life was a succession of fits before, the coma of one lasting till another supervened."

*Extract from a letter from Dr. J. Russel Reynolds, London.*

*"Les symptomes de l' Epilepsi sont tellement extraordinaires, tellement au dessus de toute explication physiologique; les causes de cette maladie sont tellement inconnues, que," &c.* ESQUIROL.

*"I think no disease better understood than Epilepsy, since the application of the Physiology of the Spinal system to its Pathology.* THE AUTHOR.

# THE PHYSIOLOGY

# OF EPILEPSY, AND OF PAROXYSMAL APOPLEXY, PARALYSIS, MANIA, &c.

BY MARSHALL HALL, M. D. F. R. S. ETC.

## I. *General View of Epilepsia, Apoplexy, Paralysis, and Mania.*

1. *Epilepsy,*
2. *Apoplexy,*
3. *Paralysis,*
4. *Mania,—which may be but different phases of one disease,—may each be arranged into—*

CLASS I. *The Paroxysmal—*
1. *Of Inorganic Origin;*
2. *Of Recurrent Paroxysmal Form;*
3. *Of Short Duration, terminating in perfect recovery, or*
4. *Fatal, without post-mortem appearances, or*
5. *With such as are Effects only.*

CLASS II. *The Permanent—*
1. *Of Organic Origin;*
2. *Of Permanent Form.*

## II. *Inorganic Epilepsy is—*

1. *Spinal;* with *Tracheliismus:*

2. *Cerebral and Spinal;* with
1. *Vertigo, &c.*
2. *Spasmodic Affections;*

3. *Spinal;* with *Spasmodic Laryngismus; Dyscopnea;*

4. *Cerebral;* with
*Coma, &c.*
*Paralytic Laryngismus; Stertor;*
*Augmented Coma;*

## III. *Inorganic Apoplexy is—*

- 1. *Spinal*; with
  - *Tracheliismus*;
- 2. *Cerebral*; with
  - 1. *Vertigo, &c.*
  - 2. *Coma, &c.*
    - *Paralytic*
    - *Laryngismus*;
    - *Stertor*;
    - *Augmented Coma*;

## IV. *Inorganic Apoplexy and Epilepsy sketched:*

- I. *The Emotions*;
- II. *The Irritations*;
  - *Tracheliismus*;
    - *The Epilepsia mitior*;
    - *The Apoplexia mitior*;
  - *Laryngismus*;
    - *Spasmodic*,
      - *The Epilepsia gravior.*
        - *Laryngeal Dyspnœa.*
          - *Purpurescence*;
          - *Convulsion*;
          - *Congestion*;
    - *Paralytic*;
      - *The Apoplexia gravior*;
        - *Laryngeal Stertor*;
          - *Augmented Coma*;
          - *Congestion*;
          - *Death.*

## V. *Or—*

- 1. *The Emotions*;
- 2. *The Irritations*; indices
  - *Spasmodic*
  - *Tracheliismus*;
- *Threatenings of*
  - 1. *Epilepsy*;
  - 2. *Apoplexy*; or
- *Congestion of*
  - 1. *The Medulla Oblongata*;
  - 2. *The Cerebrum*; with
  - 1. *Spasmodic, or*
  - 2. *Paralytic, Laryngismus*; and
    - 1. *Convulsion, and its Effects*
    - 2. *Stertor and augmented Coma,*

## VI. *Inorganic Epilepsy and Apoplexy are caused by*

I. *Acting through the Diastaltic Spinal System—*

I. *The mode of Action.* II. *The Medium of Action*

*Causes.*

I. *The Emotions—Excitement, Anger, Fright, Awaking, &c.*

II. *Certain Physical causes—*
1. *Posture; Effort—Mental or Physical; Fatigue; &c.*
2. *Hyperhæmia; Anæmia; Cachemia; &c.*

} *Catastaltic or Direct,—through**

III. *Sleep—* *Autostaltic,—in**

IV. *The Irritations*
1. *Dental—*
2. *Gastric—*
3. *Intestinal—*
4. *Uterine—*
   1. *Catamenial—*
   2. *Puerperal—*

} *Diastaltic or Reflex,—through*
   I. *Exodic Nerves; viz:*
      I. *The Trifacial—*
      2. *The Pneumogastric:*
      3. *The Spinal—**

V. *Venus vinia, præsertim solitaria—*

II. *Upon the Muscular and Venous Systems of the Neck, whence,—***

I. *Spasmodic Action—*

I. *Tracheismus, with—*

II. *Exodic Nerves; viz.*
1. *The Descendens Facialis.—*
2. *The Descendens Myoglossalis—*
3. *The Spinal Accessory—*
4. *The Spinal—*
   (*The Pneumogastric, with Palpitation, &c.*)

} *of*
1. *The Platysma-myoid—*
3. *The Cleido-mastoid, the Omo-hyoid, &c.—*
3. *The Trapezius, the Scaleni, &c.—*
4. *The Subclavian—*

} *Compression of*
1. *The External Jugular—*
2. *The Internal Jugular—*
3. *The Vertebral—*
4. *The Subclavian—Veins, or Phlebismus—with Congestion; Effusion; Softening? Obstructed Arteries? &c.*

1. *The Recurrent Laryngeal—*
2. *The Intercostal—*
3. *The Abdominal—*

} 1. *Arytænoid—*
2. *The Intercostal—*
3. *The Abdominal—*

} II. *Laryngismus*
1. *Incomplete—with Stridor; &c.*
2. *Complete—with Efforts of Expiration, or Dyspnœa; &c.*

* *The Spinal Centre and*

## VII. *Inorganic Epilepsy, which may be divided into the—*

II. *Irritation of the Medulla Oblongata, and Congestion of the Cerebrum—*

I. *Epilepsia Mitior, and this into*

I. *Epilepsia Evanescens, with*

I. 1. *Obscure Tracheliismus;*
2. *Oblivium, Confusion, Vertigo; &c.*
3. *Distortion of the Eyes, Features, Fingers, &c. &c.*
4. *Nutatio; Falling; &c.*
5. *Faintishness;*
7. *Oneirodynia;*

II. *Epilepsia Tracheles, involving the Spinal Accessory, &c. with*

1. *Aura; Flocci; Tinnitus; Odor Moschi; &c.*
2. *Manifest Tracheliismus—Fixed Head; Torticollis; Obstipitas;*
3. *Spasmodic Aura?*
4. *Laryngeal, Stridor, Cry, Dyspnœa;*
5. *Bitten Tongue, Lip, or Cheek;*
6. *Foam, Rattles; &c.*

1. *Flushing;*
2. *Stupor;*

*Falling with Violence;*

II. *Epilepsia Gravior, and this into*

I. *Epilepsia Larynges, involving the superior Laryngeal, &c., with*

I. *Tracheliismus;*
1. *Purpurescence;*
2. *Stupor; Coma;*

II. *Spasmodic Laryngismus,*
1. *Dyspnœa,*
2. *Convulsion, leading to*
1. *Coma,*
2. *Stertor, with* VIII. II. II.
3. *Augmented Coma;*
4. *Mania,*
5. *Amentia,*
6. *Spasmo-Paralysis,*
7. *Death.*

*Superseded by Tracheotomy, precisely in proportion to the Laryngismus and its Dyspnœa; leaving, at the most, an Epilepsia Abortiva.*

*The Treatment should be Equally free from Empiricism in both; and consists in—*

I. *Avoiding the exciting Causes*

II. *Giving*
1. *Antacids;*
2. *Gentle Emetics?*
3. *Gentle but efficient Aperients;*

III. *Attending strictly to Posture;*

IV. *Subduing Excitement by Hyoscyamus;*

II. *Epilepsia Syncopalis, with*
1. *Pallor, Lividity;*
2. *Syncope;*
3. *Sudden Death.*

*Hidden Seizures; Mania; Crime; Punishment!—even to Death!*

## VIII. *Inorganic Apoplexy which may be divided into the—*

II. *Congestion of the Cerebrum, and—*

I. *Apoplexia Mitior, and this into*

I. *Apoplexia Evanescens, with*

1. *Vertigo; Confusion;*
2. *Paralysis of Speech; of the Fingers; of the Side; &c., &c.*

II. *Apoplexia Trachelea, with*

1. *Trachelismus, denoted by—*
   1. *Flushing, Purpurescence, and*
   2. *Tumidity, of the Face and Neck;*
   3. *Vertigo; &c.*
   4. *Stupor; &c., &c.*
   5. *Falling;*
   6. *Paroxysmal Paralysis.*

II. *Apoplexia Gravior, or Apoplexia Laryngea; viz.*

1. *Trachelismus;*
   1. *Purpurescence;*
   2. *Cerebral Congestion;*
   3. *Stupor; Coma;*

II. *Paralytic Laryngismus, with*

4. *Stertor; from Paralysis by counter-pressure of*
   1. *The Medulla Oblongata, and thence of*
   2. *The Pneumogastric, and especially of*
      1. *The Recurrents; with*
      2. *The Pharyngeals, with Dysphagia; of*
      3. *The Bronchial, with Rales, &c.*
      4. *The Cardiac,*
      5. *The Gastric, with correlative Derangements;*
      6. *Death.*

*Augmented Spinal Excitability and Susceptibility to Attacks.*

V. *Subduing induced Susceptibility by Strychnia;*

VI. *Removing organic Effects by Mercurials;*

VII. *Restoring the general Health, by Air and Exercise; &c.*

*and be founded on an adequate* DIAGNOSIS.

*Are there any Specifics?*

*A new Compound Antidote in doubtful cases of Poisoning.* By CHARLES W. WRIGHT, M. D., Lecturer on Medical Chemistry in the Cincinnati Summer School of Medicine.

The diagnosis of a poison by the symptoms and history of a case is, in many instances, made out with difficulty, and sometimes not at all; and as the delay necessarily attendant on a chemical examination, is always dangerous, and occasionally fatal, it has ever been a great desideratum to possess some general antidote or counter-poison.

The following mixture, it is believed, will neutralize a greater number of poisons than any hitherto proposed, and will be found of great benefit in anomalous cases, or where the physician is in doubt as to the nature of the poison that has been taken. Equal parts of olive oil and milk, in which has been incorporated about a table-spoonful of the gelatinous hydrate of magnesia, for each dose. When milk cannot be obtained the white of egg, or flour and water, may be substituted. The quantity of oil and albuminous matter given at each dose, will depend upon the severity of the symptoms, etc. The dose is to be repeated every ten or fifteen minutes, or oftener if there be vomiting, until relief is experienced, or the offending matter is dislodged. A mustard emetic will be found preferable to any other where this antidote is employed. The hydrate of magnesia may be obtained by precipitation from the sulphate, by the addition of a caustic alkali.

The following table contains a list of the principal poisons in which this antidote is efficient, together with the reaction that occurs, expressed in symbols.

TABLE OF POISONS AND ANTIDOTES.

| | | POISONS. | ANTIDOTES. |
|---|---|---|---|
| ACIDS. | *Oxy. Acids.* | Sulphuric, Sulphindigotic, Nitric, Chromic, Phosphoric, Arsenious, Arsenic, Oxalic, Citric, Tartaric, Acetic, | *Rationale.* $SO_3$ as the type. $MgOHO+SO_3 \rightleftharpoons MgOSO_3+HO$. |
| | *Hydracids* | Hydrochloric, Hydrofluoric, | *Rationale.* HCl as the type. $MgOHO+HCl=MgCl+2HO$ |

| | | |
|---|---|---|
| ALKALIES. | Potassa, Soda, Ammonia, | *Rationale.* *KO and Oleine as the type.* GlycOlc+KO=KOOlc+Glyc. |
| HALOID SALTS. | Bichloride of mercury, Chloride of copper | *Rationale.* $HgCl_2$ as the type. 4Alb+2HO+$HgCl_2$=$HgO_2$2 Alb+2AlbHCl. |
| | Chloride of Zinc, tin, gold, iron, antimony, | *Rationale.* ZnCl as the type. MgOHO+ZnCl=MgCl+ZnO HO. |
| OXY. SALTS. | Sulphate of copper, iron, zinc, mercury, | *Rationale.* $CuOSO_3$ as the type. 2Alb+$CuOSO_3$=CuOAlb+ $AlbSO_3$. |
| | Nitrate of mercury, iron, copper, silver, bismuth, | *Rationale.* $HgONO_5$ as the type. 2Alb+$HgONO_5$=HgOAlb+ $AlbNO_5$. |
| | Arsenite of Potassa, soda, copper, Bitartrate of potash, | *Rationale.* $KOAsO_3$ as the type. MgOHO+$KOAsO_3$= $MgOAsO_3$+KOHO. KOHOTrc+MgOHO=KOMg OTrc+2HO. |
| | Binoxilate of potash, | *Rationale.* KO2Oxc+2MgOHO=2MgO Oxc+KOHO+HO. |
| | Tartarized Antimony, | *Rationale.* $KOSbO_3$Trc+MgOHO=KOMg OTrc+$SbO_3$+HO. |
| | Acetate of copper, Lactate of copper, Acetate of zinc, Lactate of zinc, | *Rationale.* CuOAc as the type. CuOAc+2Alb=CuOAlb+Alb Ac. |

The foregoing symbolical expression of the reactions that occur between the poison and the antidote, do not give all the changes that take place on bringing these substances together, but it is hoped they will be sufficient to convey a tolerably correct idea of the modus operandi of the antidote.

The majority of poisons, together with the modus operandi of the various antidotes, expressed in symbols, is contained in the following table, which will be of great advantage in enabling the student to comprehend the manner in which antidotes counteract the influence of poisonous agents.

in the following table which will be of great advantage in enabling the student to comprehend the manner in which antidotes counteract the influcnce of poisonous agents.

## ACIDS.

| POISONS. | ANTIDOTES. | RATIONALES. |
|---|---|---|
| Acetic, | Carbonate of soda, | $NaOCO_2$ Ac=,NaOAc $CO_2$. |
| Arsenic, | Hydrate of magnesia, | $3MgOHO+AsO_5=3MgO, AsO_5+3HO$. |
| Arsenious, | Hydrate of magnesia,* | $MgOHO+AsO_3=MgO, AsO_3+HO$. |
| Boracic, | Carbonate of soda, | $NaOCO_2+2BO_3=NaO\ 2BO_3+CO_2$. |
| Citric, | Carbonate of Soda. | $3NaOCO_2+C=3NaO,tC+3CO_2$. |
| Hydrofluoric, | Carbonate of soda. | $NaOCO_2+HF=NaF+HO+CO_2$ |

*On the hydrated proxide of iron.

## ACIDS.

| POISONS. | ANTIDOTES. | RATIONALES. |
|---|---|---|
| Hydrochloric, | Carbonate of soda. | $NaOCO_2+HCl=NaCl+HO+CO_2$. |
| Nitric, | Carbonate of soda. | $NaOCO_2+NO_5=NaONO_5+CO_2$. |
| Oxalic, | Carbonate of lime. | $CaOCO+_2Ox=CaOOx+CO_2$. |
| Phosphoric, | Carbonate of soda. | $NaOCO_2+PO_5=NaOPO_5=CO_2$. |
| Sulphuric, | Carbonate of soda. | $NaOCO_2+SO_3=NaOSO_3+CO_2$. |
| Tartaric, | Carbonate of soda. | $2NaOCO_2+Trc=2NaO,Trc+2CO_2$. |

## ALKALIES.

| POISONS. | ANTIDOTES. | RATIONALES. |
|---|---|---|
| Ammonia, | Oils, or weak acids. | $NH_3HO+Olc=NH_4Olc+HO$. |
| Potassa, | Oils, or weak acids. | $KOHO+Ac=KOAc+HO$. |
| Soda, | Oils, or weak acids. | $NaOHO+Olc=NaOOlc+HO$. |

## ALKALINE EARTHS.

| POISONS. | ANTIDOTES. | RATIONALES. |
|---|---|---|
| Baryta, | Sulphate of soda. | $BaO+NaOSO_3=BaOSO_3+NaO$. |
| Lime. | Oils, or weak acids. | $CaO+Olc=CaOOlc$. |
| Strontia | Oils, or weak acids. | $SrO+Olc=SrOOlc$. |

## SALTS.

| POISONS. | ANTIDOTES. | RATIONALES. |
|---|---|---|
| Alum, | Carbonate of Soda, | $KOSO_3Al_2O_3 3SO_3 + 3NaO CO_2 = 3NaOSO_3 + KO SO_3 + A_2lO_3 + CO_2$. |
| Ammonia oxalate of, | Carbonate of Lime, | $NH_4OOx + CaOCO_2 = {}_2Ca OOx + NH_4OCO_2$. |
| Antimony, chloride of, | Hydrate of Magnesia. | $SbCl_3 + 3MgO = 3MgCl + S bO_3$, |
| Antimony, tartrate of, and potassa. | Tannic acid, | $KOSbO_3Trc + 3Qt = SbO_3 3 Qt + KOHOTrc$. Cream of tarter being left in solution from which the equivalent of water is obtained. |
| Baurim, chloride of, | Sulphate of Soda. | $BaCl + NaOSO_3 = NaCl + BaOSO_3$. |
| Baryta, carbonate of, | Sulphate of Soda and vinegar. | First reaction.—$BaOCO_2 + Ac = BaOAcCO_2$. Second reaction. $NaOSO_3 + BaOAc = BaOSO_3 + Na OAc$. |
| Baryta, nitrate of, | Sulphate of Soda. | $BaONO_5 + NaOSO_3 = BaOS O_3 + NaONO_5$. |
| Bismuth, subnitrate of, | Carbonate of Soda. | $3BiO,NO_5 + NaOCO_2 = Na ONO_5 + 3BiO + CO_2$. |
| Copper, acetate of, | Albuminious substances. | $2Alb + CuOAc = CuOAlb + AlbAc$. |
| Copper. Arsenite of | Hydrate of Magnesia, or the Peroxide of Iron. | $CuOAsO_3 + MgOHO = CuOHO + MgOAsO_3$ |
| Copper, Carbonate of | Albumen. | $Alb + CuOCO_2 = CuOAlb + CO_2$. |
| Copper, Lactate of | Albumen. | $2Alb + CuOLc = CuOAlb + AlbLc$. |
| Copper, Nitrate of | Albumen. | $CuONO_5 + 2Alb = CuOAlb + AlbNO_5$. |
| Copper, Oxchloride of | Albumen. | $CuCl3CuO + HO + 5Alb = 4 CuOAlb + AlbHCl$. |
| Copper, Sulphate of | Albumen. | $2Alb + CuOSO_3 = CuOAlb + AlbSO_3$. |
| Gold, Ter-Chloride of | Magnesia. | $4MgO + AuCl_3 = 3MgCl + M gOAuO_3$. |
| Iron, Nitrate of | Carbonate of Soda. | $FeONO_5 + NaOCO_2 = NaO NO_5 + FeOCO_2$. |
| Iron, Sulphate of | Carbonate of Soda. | $FeOSO_3 + NaOCO_2 = NaOS O_3 + FeOCO_2$. |

## SALTS.

| POISONS. | ANTIDOTES. | RATIONALES. |
|---|---|---|
| Iron, Sequi-Chloride of | Carbonate of Soda. | $Fe_2Cl_3+3NaOCO_2=3NaCl+Fe_2O_3+3CO_2$. |
| Lead, Acetate of | Sulphate of Magnesia. | $PbOAc+MgOSO_3=PbOSO_3+MgOAc$. |
| Lead, Carbonate of | Sulphate of Magnesia, and vinegar. | First reaction—$PbOCO_2+Ac$ $PbOAc+CO_2$. Second reaction. $PbOAc+MgOSO_3=PbOSO_3+MgOAc$. |
| Lead, Chloride of | Sulphate of Magnesia. | $PbCl+MgOSO_3=PbOSO_3+MgCl$. |
| Lead, Nitrate of | Sulphate of Magnesia. | $PbONO_5+MgOSO_3=PbOSO_3+MgONO_5$. |
| Mercury, Bi-Chloride of | Albumen. | $HgCl_2+2HO+4Alb=HgO_2 2Alb+2AlbHCl$. |
| Mercury, proto-Nitrate of | Albumen. | $HgONO_5+2Alb=HgOAlb+AlbNO_5$. |
| Mercury, per Nitrate of | Albumen. | $HgO_2 2NO_5+4Alb=2AlbNO_5+HgO_2 2Alb$. |
| Mercury, pro toSulphate of | Albumen. | $HgOSO_3+2Alb=HgOAlb+AlbSO_3$. |
| Mercury, per Sulphate of | Albumen. | $HgO_2 2SO_3+4Alb=2AlbSO_3+HgO_2 2Alb$. |
| Potassa Carbonate of | Vinegar or oils, | $KOCO_2+Ac=CO_2+KOAc$ |
| Silver, Nitrate of | Chloride of Sodium, | $AgONO_5+NaCl=NaONO_5+AgCl$. |
| Tin, Bichloride of, | Magnesia, or Albumen. | $SnCl_2+2HO+2Alb=AlbSnO_2+2AlbHCl$. |
| Zinc, acetate of, | Carbonate of Soda. | $ZnOAc+NaOCO_2=ZnOCO_2+NaOAc$. |
| Zinc, Chloride of | Carbonate of Soda. | $ZnCl+NaOCO_2=ZnOCO_2+NaCl$. |
| Zinc, Lactate of | Carbonate of soda. | $ZnOLc+NaOCO_2=ZnOCO_2+NaOLc$. |
| Zinc, sulphate of, | Carbonate of Soda. | $ZnOSO_3+NaOCO_2=ZnOCO_2+NaOSO_3$. |

## ELEMENTARY POISONS.

| POISONS. | ANTIDOTES. | RATIONALES. |
|---|---|---|
| Bromine, | Acetate of Lead. | $PbOAc+Br=PbBr+O+Ac$. |
| Iodine, | Starch. | $I+Str=StrI$. |

| | | |
|---|---|---|
| Phosphorus, | No antidote known. | The poisonous action of phosphorus may be due to the development of ozone, if so the alkaline sulphites would be the antidote.* |

In the preceding table all of the antidotes are not given, those only that are most efficient being enumerated. In most cases of poisoning by the mineral acids, the carbonate of soda is to be preferred to the calcined magnesia or the carbonate, on account of the great bulk and insolubility of the latter. The hydrate of magnesia is not liable to the same objection.

In cases of emergency the physician must bear in mind his resources. Thus, in poisoning with the acids, an antidote will be found in the following substances,—Lime in solution, and its carbonate, magnesia and its carbonate, soaps, carbonate of soda. In poisoning with the alkaline bases, the weak acids, as vinegar, citric, and tartaric acids, and all oily and fatty substances. The albuminous or proteine forms of matter are found in a great number of substances, as, for example, in milk, white of egg, blood, flour, meal, potatoes, etc., etc.

The accompanying table contains a list of the most common poisonous substances that are not counteracted by the direct chemical action of an antidote, and the poisonous influence which is to be treated on general principles, as, by the administration of emetics, the use of the stomach-pump, demulcents, stimulants, etc., as occasion may require. The employment of chlorine, iodine, and bromine, as antidotes to the vegetable poisons, cannot be too strongly reprobated, as their use cannot be attended with the slightest benefit, but is positively injurious.

## POISONS

*Which are not Counteracted by Chemical Antidotes, and the effects of which are Treated on General Principles.*

| POISONS. | TREATMENT. |
|---|---|
| Aconite, Alcohol, Almonds, bitter, Aloes, | (Acetate of Ammonia may be used.) (Persulphate of iron, and carbonate of potash may be used.) |

*The symbols for the organic bodies, as oxalic acid, albumen, &c, are not marked by having the minus sign (—) placed over them and in all cases, where a proteine substance is used, *Alb.* for albumen is used, instead of the symbol Pt. for proteine.

| | |
|---|---|
| Belladonna, | |
| Camphor, | |
| Cantharides, | |
| Capsicum, | |
| Cicuta, | |
| Cocculus indicus, | |
| Colchicum, | |
| Colocynth, | |
| Conium maculatum, | |
| Creasote, | (Creasote does not combine with albumen. but acts solely by catalysis; therefore the substance is not an antidote to it. |
| Croton oil, | |
| Delphinia, | |
| Digitalis, | |
| Dover's Powder, | |
| Elaterium, | |
| Essential oils | |
| Ether, | |
| Gamboge, | |
| Hellebore, | |
| Hyoscyamus, | |
| Indian Hemp, | |
| Lobelia. | |
| Mushrooms, | |
| Opium, | (Strong coffee may be administered after the poison is discharged by vomiting.) |
| Prussic acid, | (Persulphate of iron and carbonate of potash may administered.) |
| Rhustoxicodendron, | |
| Rhuscoriaria, | |
| Ricinuscommunis, seeds of, | |
| Squills, | |
| Stramonium, | |
| Strychnine, | (The inhalation of chloroform is attended with decided benefit.) |
| Tobacco, | |
| Venomous serpents. | (Excision of the part bitten, and the production of toxication by alcohol.) |

When the poisonous gases have been inhaled, the patient

should be removed to the fresh air, and if respiration has ceased it should be maintained artificially. The poisonous effects of the gases cannot be counteracted by chemical agents, as is sometimes recommended. The attempt to relieve the unpleasant symptoms produced by breathing chlorine, by inhaling the vapor of ammonia or alcohol, is not attended with the slightest benefit.

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*Medical Chemistry.* By JOHN T. PLUMMER, M. D. of Richmond Ind.

Chemistry, as a branch of medical knowedge, is not, as far as my observation extends, sufficiently appreciated by the profession at large. It is true, we can enumerate a Liebig, Simon, Day, Paris, Bird, Gardner, Mulder, Sherer, Irnes, Rees, Griffith, Scharling, and it may be four score more, with some essayists here and there; and these have given an impulse to the study; but who have been moved by it? Perhaps there may be one in a town, and perchance ten in a city, who have been awakened to a sense of the importance of chemical knowledge and chemical research. But beyond these, where will we find one who has mastered even the alphabet of medical chemistry, or who has even the inclination to make the attempt.

Hence we connot be surprised often to witness prescriptions intended to be neutral, to manifest a palpable alkaline or acid reaction; and to meet with incompatible combinations, when such practitioners venture to depart from authorized formulæ.

In a toxicological investigation, where could the community turn with confidence for assistance? Who, among the medical men that swarm the land, has practised analysis, of the urine, the blood, and the morbid secretions that so frequently claim his attention? It appears to me that whoever deprives himself of an adequate knowledge of chemical reactions, deprives himself of an instrument of great utility. Indeed, to the accomplished physician, chemistry must be considered an indispensible portion of his study. Questions are continually arising in his practice, which can only be answered by pathological chemistry. And an unsolved question, must always be a source of perplexity to an honorable physician, when the life, health or comfort of a patient is at stake, or his apprehensions are to be satisfied.

As a partial exemplification of my meaning, I will state

a few cases more of my own practice, for the benefit perhaps of some.

A mother brought me a small pebble, which, she said, she was afraid had been passed by urine, from a married daughter; but that it might have got into the vessel in which she found it while it was standing out of doors. Here then was the problem. It might be a urinary concretion; and if so, early attention to the case was desirable. If it proved to be an ordinary mineral, it was proper that the fears of those concerned should be allayed.

The stone in question was of course small, and so closely resembled hundreds of mineral fragments that one might pick from the ground, that for anything that was maifest to the contrary, it might have got into the vessel according to the suggestions of the mother. On examination however by the proper reagents, (reagents accessible to all, and of easy application,) I obtained conclusive evidence that the stone contained *uric acid.* Now as this acid has never been detected in the mineral nor vegetable kingdoms, but is known to be a common renal secretion, the result was inevitable: the mothers apprehensions were realized. These apprehensions could not have been quieted, nor confirmed by any other means; and thus opportunity was offered for as seasonable treatment as the case allowed.

Again a patient who had used a variety of medicines for chronic diarrhea, found a particular compound to be by far the most efficient, and was desirous of obtaining more of the same kind. A few of the pills were analysed, and found to be a compound of sulphate of copper and opium.

An expectorant mixture professedly composed of vegetable principles, was satisfactorily found to contain no mineral acid nor base; and thus settled the doubts of the party interested.

A patient desired me to ascertain whether certain pills contained calomel, I found them to consist principally of pil. hydrarg. The man who prescribed the medicine told the patient there was no mercury in it.

Three times vials of liquid medicine was brought to me for examination, purportiog to be homœpathic preparations. The evident metalic taste in one case, and the nausea created by the medicine in the other two instances, excited doubts of the conscientiousness of the prescriber. The application of H. S. after acidification of the solution, yielded the characteriistic orange colored precipitate of sulphuret of *antimony*

in very appreciable quantities in every instance. Thus developing at once, the character of the medicine, and of the practitioner.

Indeed, in this manner, physicians may be additionally serviceable to the community, in detecting fraud.

Since the introduction of so many active chemical products both from the mineral and vegetable kingdoms, into the practice of medicine, it has become increasingly necessary that physicians should acquaint themselves with their various reactions. Freed as these articles are from their original combination with inert matter, their play of affinities is certain and speedy; producing either poisonous or other undesira products.

A physician prescribed compound syrup of sarsaparilla with iodide of potassium; and some days afterward, while the patient was still using it, he administered calomel: the consequence was, the patient vomited for hours, and suffered much. There had been formed in the stomach iodide of mercury, and a soluble mercurial compound.

Numerous illustrations of like character could be added: but the danger of heedlessness in the combination of this class of medicine, is so apparent as scarcely to need further evidence.

Aware of the importance of information on this subject, it appears that Orfila has made a donation to the "special school of Pharmacy of Paris," out of which a prize arises, to be awarded, in part for a satisfactory essay relative to the "substances in the several kingdoms which should never be associated in the same formulæ, because they decompose eac h other with products completely inert. To ascertain, on the contrary, which are the substances, which in combining and in decomposiug, yield medicine gifted with a certain activity useful to the physician."

The general want of a practical knowlede of chemistry among physicians cannot be disguised; nor do I see that it admits of satisfactory apology. It may be said that medical men have not time to prosecute the study of chemistry. I would reply that they have not then time to qualify themselves for the duties of their profession. But if physicians, young and old, more generally knew the value of time, as did, for example, Boerhave and Rush; or knowing it were more willing to avail themselves of it, by a profitable appropriation of it, there would soon, I apprehend be no occasion for complaint on this subject.

## *Treatment of Fever, use of Water, Opium, Calomel, Quinine.*

By S. S. TODD, M. D. of Lawrenceburgh Ky.

Fevers generally considered, are essentially characterized by general exaltation of the arterial and nervous functions with redness and heat of skin, diminished secretions, and uncontrollable thirst. I do not expect to add anything new on the subject of the treatment of this class of diseases, but wish to direct the attention of practitioners to a few leading points to be observed which form the basis of my practice, and which I think if appreciated are likely to insure success in all reasonable cases. The plan of treatment to be modified of course to suit special cases.

These principles apply equally to all fevers unattended with a local cause, or not having their origin in a specific poison, and may be applicable in each of these in a greater or less degree as the judgment of the physician may direct, always having in view primarily the removal of the exciting cause if such cause is obvious.

The case is one then we will suppose of remittent, intermittent or typhoid character, of ordinary symptoms. The sections, of the alimentary canal are vitiated, as indicated by nausea, vomiting, or it may be diarrhœa, and the removal of these by an emetic or purgation, or what I have found very efficient emeto-cathartic, is first to be accomplished. After this, as nothing is more grateful to the patient, or scarcely more conducive to his restoration, he should be allowed to drink *plentifully* of cold water or even iced water, and free ablutions with cool water, or water of tepid warmth (according to the feelings of the patient) should be made over the whole surface of the body, and *frequently renewed.* The water thus taken into the stomach restores the diminished secretions, particularly promoting diaphoresis and diuresis. The remedy may be used locally in all cases, except where the patient perspires freely and the skin is cool.

Opium stands next on the list, as an almost indpisensible agent in the treatment of fevers, and to this I wish to call particular attention. The application of this remedy in fevers is almost unlimited. It may be given in the highest states of arterial excitement with benefit, provided that danger from encephalitis is not apprehended. Simple headache is no bar to its use, but in these cases the dose should be a large one, administered immediately after active purgation, and should be combined with ipecacuanha. Infants it is true bear opium badly,

and to them it must be given with more caution. It is however in fevers of an asthenic character, as some of our most malignant remittants, typhoid fever &c., that its good effects are most marked. In the wakefulness and nervous irritation which attend these two conditions, *the rapid feeble pulse*, no remedy is so admirably adapted as *large and frequently repeated doses of opium*. To counteract its depressing tendency, quinine in large doses must be combined with it, and stimulants freely administered if the system flags. As opium also has the effect of suppressing the alimentary secretions, calomel in small doses if admissable, should accompany it. A sore mouth, with me, is a harbinger of returning health, Under this treatment I have seen the pulse rapidly resume its normal standard of force and frequancy. I am no friend to "expectant" treatment of typhoid fever, and think that a cure may always be hastened, and that the disease may frequently be cut short by appropriate treatment.

I could give the result of several cases of typhoid fever illustrative of the happy effects of the above treatment, and will mention a recent one. The patient, a negro child ten or twelve years of age, with muttering delerium, subsultus, and a rapid, feeble pulse, appeared to be sinking and was submitted to the warm bath. Opium, quinine, and calomel, the first two in large quantities, were given every three and four hours, with half a pint of whisky each day, and in three days the pulse had sunk from 140 to 110 strokes in the minute. The child was slightly ptyalized, and made a rapid recovery. I have found the duration of the disease under this active treatment, to be considerably less than the period usually assigned, and the mortality also, as far as my data extends, proportionally lessened. This disease, I may remark, in its true idiopathic form, is of comparatively rare occurrence here, and I would here take occasion to deprecate in the strongest terms the pernicious practice of physicians, very common, at least in this section of the country, of calling every case of fever typhoid, which presents the least serious spmptoms; thus substituting a dreaded name, for one perhaps of comparatively harmless significance, to the terror of patient and friends, to his own emolument, and ultimately I must say, to the degradation of the profession. Not long since, I attended a person who was attacked with a virulent catarrh. A physician whom I met at the house of the patient, gravely assured me that the man was "going into typhoid fever"!!

In the management of fevers, having a decided local origin,

as in inflammation of the viscera, opium must be given with more circumspection, and in these cases, a modification of the above treatment, will of course suggest itself, bleeding, cups, leeches, blisters, cataplasm and fomentatives are indicated.

I have never had occasion to treat puerperal fevers in its epedemic form, but I have found the sporadic disease yield readily in most cases to opium, ipecac, and calomel in the first, and opium, quinine, and ipecac in the last stages. The clothes should be changed daily, and the body sponged as often with tepid water. I am treating a patient at present, in whom the pulse has sunk from 134 to 100 strokes to the minute in 48 hours, under the use of two grains of opium, 1 grain of calomel, and 3 grains of quinine every three hours. She had previously been cupped over the abdomen, and an emollient poultice is kept opplied to the same region to the present time. To relieve the urgent thirst, she is allowed to eat ice and drink freely of cold water. The pulse is now reduced nearly to the natural standard of frequency, is full and soft, and she evidently bids fair for a speedy recovery.

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## *Large Connate Tumor.* By G. W. BOERSTLER, M. D., of Lancaster, Ohio.

A child, three days old was brought to my office a few weeks since, with a tumor occupying the entire left side of the chest, from the median line, anteriorly, and extending laterally to about half the length of the ribs; one process going upwards over the shoulder, covering the scapula and extending under the axilla until it met the body of the tumor in front. From its base, on the chest, to its appex it measured nearly six inches; and on the scapula, three inches. In the greater portion it was elastic; whilst in some portions it had the hardness of fibrous growth. The midwife, who attended during the parturient process, says that no difficulties were met with, except the slow protrusion of the child through the inferior pelvic strait. Believing this to be a Lipoma, whose growth is illimitable, I designed its extirpation, so soon as the little one would be better able to bear the operation, and when the mass would impede respiration by its weight. Death, however, interfered; though I am not sure that the tumor had anything to do with the fatal termi-

nation. The operation, in so young a subject, would have been hazardous; but the limitless growth of adipose tumors, together with their occasional degeneresence into malignancy, compel us to hazardous operations. I much regret the impossibility of procuring a cast or Daguerotype of this singular case.

# Proceedings of Societies.

*Cambridge City Medical Association, Wayne County, Ind.*

At an adjourned meeting of the Cambridge City Medical Association, held on the 12th of April 1853, the Committee appointed at its regular meeting on the 5th inst. reported; that they had attended to the duty assigned them, and submitted the following synopsis, of the material facts placed before them, from the reports of cases treated by the members during the past year; which report was received, and a copy ordered to be forwarded to the Editors of the *Western Lancet* for publication.

Regular observations of the state of the weather were not commenced, until the 1st of Jan'y. 1853. But it appears from notes made at the time, that December of last year was mild, and towards the close was remarkable for heavy rains and high waters. In January of 1853 the sky was entirely overcast, at the hours of observation, on 9 days, and wholly clear on 3. Northern winds predominated on 12 days, and southern on 6. Winds directly from the west, are occasionally noted; from the east very rarely. Moderate rain fell on 2 days, and snow on6. The temperature was undoubtedly high for the season, the mean for the month being 31·10 deg. The lowest daily mean is 5.06 deg. the highest 48.50 deg. The lowest observation is 0. and occurred at 9 P. M. of the 26th, the day of the lowest mean. The highest observation is 59.75 deg. at 3 P. M. of the 10th, the day of the highest mean. The barometer stood above 29 in. on most of the days in the month; the highest observation is 29.589 in. when it was calm clear, and the temperature 21 deg. The lowest is 28.292 in. and occurred during a snow storm, when the temp. was 32.50 deg. with a brisk wind from the north.

In February the sky was entirely overcast with clouds at the hours of observation, on 12 days, and not entirely clear at all the hours, of any one day of the month. The winds are noted as southern on 9 days, northern on 8. From the West on 4 and from the East on one. Moderate rain is noted on 7 days, and snow on as many. The quantity of rain and snow was small, notwithstanding, the general cloudiness of the weather. The mean temp. of the month was 29.88 deg. it was reduced to these figures by a few cold days for instance the mean of the 8th was 12.25 deg., of the 9th 3 deg., of the 14th 16.31 deg. and of the 24th it was 22.18 deg. The month commenced with a daily mean of about 40 deg. and closed with 44 deg. The range of the barometer was low throughout most of the month, often being less than 29 in. and sometimes nearly as low as 28.500 in. The greatest height of the column occurred on the coldest day in the month, and was 29.464 in.

In March the sky was overcast at all the observations on 13 days, entirely clear on 5 and more or less cloudy at the time of all the other observations. The winds were northern on 5 days, southern on 8, from the West on 11, and from the East on 2 days. Rain fell on 7, and snow on 4 days. The monthly mean temperature was 39.23 deg. The lowest daily mean occurred on the 3d and is 21,50 deg.; the highest on the 31st and is 62.75 deg. The mean barometrical column for the month is 28.980 in., the highest daily mean is 29.383 in, and the lowest daily mean is 28.639 in. The entire winter has been remarkably open and thaws common, yet frosts have been frequent and sufficiently severe to prevent the progress of vegetation.

It appears to be a general impression with the members of the association, that the endemic diseases, common to this locality have been less in number, and more manageable during the past year, than for many preceeding. And it is believed that this may be in some measure due to the absence of heavy and protracted rains in this vicinity for the two years preceeding December last. The reports show that 302 cases of fever have been tested within the year. Of 222 cases where the age is given, 98 were under 15 years and 124 over that age.

Of 131 where the sex is designated, 69 are males and 62 females. So far as the dates are given it appears that 11 cases occurred in April, 24 in May, 22 in June, 28 in July 28 in August, 33 in September, 25 in October, 11 in Novem-

ber, 5 in December, 12 in January, 10 in February, and 10 in March. Including the whole number reported 260 were periodical, and 42 continued fever. Of the periodical fevers 102 cases were remittent, and 158 intermittent. But the blending of these types, and the substitution of the one for the other were of frequent occurrence. A large number of the cases of periodical fever reported, occurred in persons who had suffered from the same disease the previous year, and in such, a strong tendency existed to relapses, at short intervals. This endemic in all its types, has been remarkably free from dangerous complications, and has mostly yielded promptly to appropriate and simple treatment. Toward the close of the hot season some cases were protracted, and evinced a tendency to assume typhoid symptoms. Eight cases were reported as being complicated with convulsions, (children,) and all males but one. In the treatment of periodical fever, there appears, to have been but little discrepancy among the members.

Bloodletting and emetics were rarely used, mercurial cathartics generally, anodynes and diaphoretics often, and quinine uniformly in this class of fevers. But one fatal case is reported.

Of the 42 cases of continued fever reported some should be classed, perhaps more correctly as catarhal; but they were mostly characterized by typhoid symptoms, such as low delirium, great prostration, sordes about the mouth, frequent and small pulse, sudamina, a tendency to bed sores, &c. They were mostly protracted, but diarrhea was rare, and the lenticular rose, colored spots were uniformly absent. The treatment in this form of fever has been less uniform, and more complicated than in the preceeding.

Cathartics, diaphoretics, quinine, spirits of turpentine, anodynes, Vesecation, cold applications, stimulents etc. are noted. Quinine has often failed to arrest the disease. Of the 42 cases treated 4 terminated fatally. One of these an adult female died on the 18th day, her general condition was somewhat improved until epistaxis supervened, was profuse, neglected and proved the immediate cause of death. One male aged 34 died, at the close of the 5th week. A post mortem, revealed gangrene of the duodenum, and gall bladder the latter was peforated in two or three places, and the bile had escaped into the peritoneal cavity. The illium was not altered. Another male patient aged 34 died on the 6th week of illness. An examination was had 10 hours after death.

Lungs, liver, and spleen were beset with milliary tubercles; liver somewhat congested, spleen much enlarged, but firm, estimated weight 2 lbs., it was adherent to the surrounding peritoneum. The omentum was contracted, indurated, and united by adhesions to the spleen and peritoneum. The mesenteric glands were somewhat enlarged. The glands of Peyer were normal. The remaining fatal case occurred in a boy 2 years old, death took place on the 10th day of disease; and a post mortem revealed the signs of inflammation of the stomach and bowels. The symptoms developed in most of the cases, as well as the post mortem appearances, induce your committee to conclude that this type of fever, as it has prevailed in this location cannot be technically, denominated typhoid fever; but a form or type of disease generally associated with or dependant on local lesion of some one or more of the thoracic or abdominal vicera.

Within the same period 36 cases of Pneumonia have been treated. Of this number 25 were under, and 11 over 15 years of age. So far as the dates are given 3 cases occurred in April, 2 in June, 1 in October, 4 in November, 3 in December, 7 in January, and 3 in March. In one location where hooping cough and measles have prevailed during the year 7 cases of pneumonia appeared to be induced by one or the other of these contagious diseases.

Although bloodletting and tartarized antimony are standard and valuable remedies in the treatment of this disease, it appears, that less than half the cases reported had venesection and a considerable number no tart. antimony.

This apparent neglect of the use of important agents, is referable, in some degree to the age of the patients treated, many of whom were children, and to other peculiarities or idiosyncrasy in older persons. Cupping, blistering, calomel, opium, nitrate of potash, antimonial powder, and expectorants were all used. And in a number of cases where the fever was remittent, quinine was administered with decidedly good effects. Of the whole number treated 4 terminated fatally. One a case of typhoid pneumonia resulted in gangrene of the lung, and death on the 15th day. Another fatal case occurred in a delicate female complicated with measles and premature labor. A third fatal case in an infant 2 months old, and a 4th occurred in a delicate girl of 15 years of age, who had suffered from hooping cough, 6 months previous to this attack of what appeared to be mild pneumonia of the left side, with dyspnea. This was speedily relieved; but after

two weeks the left side was found to be full of fluid, and the heart wholly to the right of the sternum. Hydrothorax was suspected, and recourse to all the usual remedies for her relief was had without benefit. In about two weeks from the time effusion occurred she died.

The following are the post mortem appearances, the left side of the chest was found to contain a mere membranous vestage of the lung, enclosing the left bronchus, and adhering to the cartilages of the ribs, as low as the 4th, where it terminated. All communication between the trachea, and left side of the chest, was thus blocked up. This cavity was filled to its greatest capacity, with thick heavy, yellowish white pus. A similar collection was found between the walls of the mediastinum; the pericardium also contained what was estimated at half a pound of pus, of a lighter color and of less consistency. The free surfaces of the left pleura and the pericardium were granulated, and pus secreting. The front of the body of the second dorsal vertebra, and the corresponding rib on the left side for an inch and a half were denuded of both pleura and periostium. The heart was remarkably small. The quantity of pus found in the chest was not less than six pounds.

A few cases of Bronchitis and Asthma have been treated during the year. Those of bronchitis were of a mild form and readily yielded to the ordinary mode of treatment. Asthma when habitual is known to be a formidable malady; and any successful mode of treatment not heretofore adopted, would be a desideratum.

Among the remedial means noticed are iodide of potassæ, and nitric acid, the former of which is said to have speedily arrested the disease in two cases, where it was given in ten grain doses every two hours; as much cannot be said in favor of nitric acid where it has been tried according to the recommendations of recent medical writers, in fact it has signally failed, to meet the expectations of some of the members both in asthma and hooping-cough.

Forty-eight cases of diarrhœa are reported, a great majority of whom are children. The disease was generally complicated, with fever and vomiting; and in several with convulsions, indeed the latter was the case in all the fatal cases recorded. Thus constituting one of the most difficult and perplexing diseases of the season. Nearly all the cases occurred in the summer months. The remedies prominently noted in the treatment are calomel in small doses variously

combined with ipecac, D. powder, acetate of lead, cret pptt. &c., also spirits of turpentine, subnitrate of bismuth, vegetable astringents, quinine, and cold applications to the head and abdomen.

Of the whole number treated four terminated fatally, these were all children.

Thirty-three cases of dysentery are reported as occuring in the hot months of the past year. These were all sporadic. The subjects of this disease were about equally divided between adults and children. The treatment consisted of bitartrate of potash in purgative doses, at the commencement of the disease, in twenty of the cases. The balance had mercurials during the treatment; and all had opiates. Besides this a number had spirits of turpentine, astringents, cold applications to the abdomen, cold mucilaginous injections; and several had pulverised charcoal. Three deaths occurred amongst children, all complicated with convulsions.

Ten cases of cholera-morbus are noted, and one of cholera asphyxia. Of these the latter only died. In the treatment of cholera-morbus, calomel, opium, camphor, spirits turpentine, sinapisms, warmth to the extremities; and ice to allay thirst, are named, as the usual treatment.

In the case of cholera reported, it appears that the ordinary means to excite reaction were used with commendable perseverance, but without effect, the patient dying in collapse twelve hours from the attack.

Several cases of acute gastritis, and gastro-entritis are recorded. In the treatment of these affections, bloodletting, calomel in minute portions, morphine, cold applications externally, ice and iced lemonade, internally and occasionally blisters have been used.

In some portions of the district, Inflammatory sore throat has prevailed as an epidemic, and in some instances has evinced a strong tendency to putresence. Emetics, purgatives, the local application of nitrate of silver, internally, tincture of iodine, externally, with gargles of hydrastis, canadensis, nitrate of lead, and other astringents have proven sufficient when early used, to arrest this tendency and cure the disease.

A few cases of scarlatina are reported, but not as an epidemic form of the disease; no case proved fatal.

Several cases of sporadic erysipelas are noted, one of which terminated in death. This was a young man who was greatly reduced by a series of acute diseases. He was attacked with phlegmonous erysipelas of the perinæum and genital

organs, which speedily terminated in gangrene. The general treatment appears to have been nitrate of silver, tincture of iodine, collodium, acetate and nitrate of lead externally, with the internal use of mercurials, diaphoretics, anodynes, and tonics, including quinine, and muriated tincture of iron, the last of which has been given in large and repeated doses.

Pertusis and measles have prevailed epidemically, in the town and vicinity of Milton during the past year. The number of cases are not given. These affections have not been fatal in their tendency, as no deaths are reported, yet in many instances formidable symptoms were present. The treatment in hooping cough was mainly emetics, expectorants, and antispasmodics. Measles were treated by emetics, diaphoretics, and expectorants.

Mumps has prevailed, but to a very limited extent, through the district during the past year. Several cases of acute, rheumatism are reported. In the treatment of which, purgatives, anodynes, diaphoretics, colchicum, and lemon juice have been used, the latter of which, when liberally used, has mostly been followed by prompt relief; but in one or two cases it has failed, and in two others where it seemed to effect a cure, the disease returned in a few days after the remedy was suspended.

One fatal case of rheumatism is reported; this was a male of sixteen years of age, and had no treatment until the 6th day of his illness. He was then bled, had calomel, opium, nitre, bi-tartrate of potash and tonics, death occurred on the 12th day from his attack.

Besides the above named cases, the reports of the members contain short notes of a number of interesting cases of disease, which, we are unable to present with sufficient minuteness to make them intelligible; without reference to the original notes, of the symptoms and treatment; and then not without much labor. Of this class are a number of cases of inflammatory and organic diseases of the heart. An interesting case of hydrothorax, another of ascetis, one of anasarca, two of cerebral meningitis, one of cancer of the stomach, with the post mortem appearances; one of organic disease of the kidney, and others, of chronic disease of the urinary and genital organs; a number of cutaneous affections, several cases of phthisis, and scrofula, others of paralysis and various nervous affections, and one abstruse case of chronic abdominal disease, attended with abscess and artificial anus, &c.

A few cases of disease bearing a strong resemblance to

each other, have occurred in the town of Milton, since the middle of February last. These attacks were all introduced with a distinct chill, followed by urgent vomitting, which generally continued for 24 hours, and was induced in some cases by slight elevation of the head. Thick bile and fluids of a green color, and in one case of a blue tinge were vomitted; the bowels were more or less constipated; back ache, head ache, and muscular pains with general soreness of the flesh, were the source of much complaint; the reaction in every case was feeble and imperfect the extremities were disposed to remain cold under very active efforts to warm them; the head and chest were moderately hot; the pulse light and feeble, and extremely variable in frequency; ranging in one case from 50 to 150 according as the patient was quiet or disturbed, it was also irregular in force but never very strong. Stupor or delirium was constantly present during the height of the disease, and these conditions occurred alternately at longer or shorter intervals. The breathing was remarkable, being mostly extremely light and easy; but sometimes deeper and hurried, then light and calm again. The countenance was pallid in the extreme, except about the eyes and temples, where it was livid. A tendency to spasms, with rigidity of the neck and back, was common. No patient had a second chill but all had a strong tendency to sink and die 24 or 48 hours after the attack. The blood so far as examined coagulated firmly, and exhibited a thick buffy coat, evincing a predominence of red corpuscles and fibrin. The patients were all children except one adult female.

One patient was bled, cupped, and blistered on the upper part of the spine, and cupped on the temples, had calomel ipecac and antimonial powders in frequently repeated small portions, till ptyalism was produced, and recovered.

Another, was cupped freely on the spine, had the same internal remedies for 48 hours, when the disease yielded; but ten days later this patient got measles, cerebro-spinal symptoms were reproduced and after 24 hours of incessant convulsions died without treatment.

Another, an adult was bled, took calomel as a purgative and quinine in large doses, morphine and stimulants to some extent and died convulsed, 55 hours after the attack. Another patient had calomel as a purgative, followed by oil and turpentine; but was neither bled, cupped nor blistered, took neither tonics stimulants, nor anodynes and died 48 hours after the attack. Another seen only in consultation, had been

similarly attacked, had suffered early from convulsions followed by permanent rigidity of the neck and back, died after remaining some weeks in this state.

Besides the above named remedies all the patients had others, such as spirits turpentine to the spine, sinapisms, heat to the extremities, and cold to the head. In addition to these severe cases, several others suffered with similar symptoms in a milder form. These cases were regarded as cerebro-spinal meningitis, and the disease seemed to prevail to some extent as an epidemic, a mode of prevalence, which is very common with this formidable malady.

The above desultory and complex document is respectfully submitted to the members of the association.

J. PENNINGTON, } Committee.
V. KERSEY. }

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## *Clermont Medical Association.*

[We are indebted to Dr. Daniel Barber, of Batavia, for the following account of the proceedings of the "*Clermont Medical Association.*" It is highly gratifying to witness these praiseworthy efforts to increase the usefulness, and elevate the dignity of a time honored profession. The beneficial effects of this association, will doubtless soon be realized throughout the county. The character of those engaged in its organization, affords the most ample assurance of its entire success. It will affords us pleasure to record its future proceedings.]

Pursuant to a call made upon the profession of the county, a large number of physicians met in Batavia on the 11th inst. for the purpose of organizing a County Medical Association.

Dr. Rogers of New Richmond, was called to the chair, and Dr. Kincaid of Neville appointed Secretary.

On motion of Drs. Elsbery, Kincaid, and Barber, were appointed a committee to draft a constitution for the government of the association.

On motion a committee was appointed consisting of one member from each township represented, to nominate a candidate for office when the convention adjourned to meet at one o'clock P. M.

*One o'clock P. M.*—Convention assembled, the committee reported a constitution which was adopted, when the following gentlemen came forward and signed their names.

J. G. Rogers, L. A. Hendrick, Dan'l. Barber, J. C. Kennedy, A. V. Hopkins, W. P. Kincaid, D. S. Lyman, Wm. Johnson, H. P. Collins, D. A. McClain, T. J. Mullen, Wm. Ellsberry, S. S. Scoville, M. Smith, A. Robb, K. L. Donham, S. B. Crew, J. S. Combs.

The committee on nominations reported as follows.

J. S. Rogers, President; L. A. Hendrick, 1st. Vice President; L. A. Pease, 2d Vice President; Dan'l. Barber, Recording Secretary; J. C. Kennedy, Corresponding Sec'y.; A. V. Hopkins, Treasurer; W. P. Kincaid, D. S. Lyman, D. A. McClain, Censors.

The report was received and adopted.

A code of by-laws was now reported, and adopted, which led to some animated discussion.

The fifth by-laws provides, That "no minister of the gospel shall receive the gratuitous services of the members of the association, who employs or recommends irregular Doctors to others, or who signs his name to certificates recommending quack medicines."

Upon this question, Dr. Baker, a very intelligent and respectable minister of the Methodist Church, arose and said, substantially as follows; That he had been a regular practitioner of medicine for twenty years, and he regretted to say, that he knew from actual experience, that ministers of the gospel do more than any other class of men to support quackery and that he had been more disturbed by their recommendations of quack Doctors, and by giving quack medicines in his absence from cases, than from any other source, —that he exceedingly regretted that it was so, and blushed to confess the facts.

He said that they were in general good men and meant well, and that their errors arose from an entire ignorance of medical science, and of the fearful responsibilities which they assumed. He expressed the opinion that something should be done to correct the evil.

The fifth by-law provides, "That any members of this association who shall council or advise professionally with any irregular Practitioner of Medicine, or with those Physicians, who council with such persons, shall be liable to reprimand by the president, to suspension or expulsion as the association may determine.

The American code of medical ethics was adopted.

The chair appointed Dr. Kincaid to read a medical essay at the next meeting, and Dr. Barber as alternate.

On motion, That the Secretary give certificates of membership to those who wish to attend the State Medical Association.

That a condensed report of the proceedings be sent to the editors of the Western Lancet.

That this association adjourn to meet in Batavia on the third Wednesday in October next.

J. G. ROGERS, *Pres.*
DAN'L. BARBER, *Sec'y.*

# Reviews and Notices.

*Transactions of the Kentucky Medical Society, at their meeting held in Louisville, on the third Wednesday of October*, 1852.

From this instructive volume, of 333 pages, we learn, that the second Annual meeting of the State Medical Society of Kentucky, was held in the Circuit Court room in Louisville, on the 20th of October, 1852, with Dr. Wm. L. Sutton in the chair. A large number of the most distinguished members of the profession, of Kentucky, took part in the proceedings of the Society. Two sessions were held each day, for three days, and during this time, reports were received from the various standing committees, on the different departments of Medical Science; and it has seldom been our good fortune to peruse a series of such interesting papers, as are found in this little volume.

The annual address of the President, is replete with sound advice, and timely hints to the profession, on the bearing of its members towards each other. It should be read by us *all*, and its principles treasured up in our memories, as jewels of priceless value would be kept in a casket.

He treats his subjects under two heads: "*First*, our duty to the profession; *second*, our duty to the community in which we live."

He says: "it is our duty to the profession, that we hold it,

and the members thereof, in the highest honor. The profession is eminently entitled to honor and respect, because it has for its object the most important and momentous subjects appertaining to this world; the life and health of each individual, and the general health of the community.

"It is entitled to honor, because of the purity of conduct and uprightness of character of the bulk of its members. It is entitled to honor and respect, because of its expanded benevolence, and extensive charities.

"But the profession is made up of individual members. It can be honored and respected only in their persons. It is perfect nonsense to talk of honoring the profession, whilst we speak disparagingly and disrespectfully of its members. If we, by words direct, or by inuendo or dark hints, suggest that this, that, and the other physician is a mere pretender—scarcely fit to treat the most simple diseases, we have no right to complain if he treats us in the same way. The result of all of which is, that the community will believe much that is said to the disparagement of each, and the whole lot of physicians loose standing.

"Our duty to the public requires that we should protect it against quackery and quack medicines. But this object is not to be obtained, by denouncing any particular quack, or individual, who happens for the time being, to be the favorite. When asked why physicians do not directly oppose such persons, and convince the public of the danger to which they expose themselves by following such pretenders: my answer has been, 'I have been practicing medicine now thirty years. Every body knows, or might know, that I have ever set my face against all such things: why should I embroil myself with the partizans of every knave who passes through the country? They will consider me as actuated by no higher motive than that of putting down a man, who is in my way.' I am in favor of letting them stand on their own merits, without giving a prop, found in what will be called persecution."

There is much in the reports of the committees on "vital statistics" and "obstetrics," to reward us for their careful perusal, but as our space is limited, we will hasten on to the vivid and glowing picture of Kentucky Surgery, as drawn by the master pen of Prof. Gross.

If the Star of Kentucky, in some calamatous moment,

should become extinguished from the bright galaxy in our country's banner, and her fair name only to appear in the history of the past, as it is now written, this report alone would be sufficient to transmit to remotest posterity, the enviable fame of her surgeons; and her reputation would not suffer, by a comparison with that of any commonwealth in our glorious Union.

From this report, we learn that she has excelled in nearly every department of operative surgery, and in two she stands pre-eminently unrivaled by any community in the world, viz: *Ovariotomy* and *Lithotomy*.

"To Kentucky, belongs the honor of having furnished to the world the first case of extirpation of the ovary, for organic disease of this organ. This honor is justly and exclusively due to the late Dr. Ephraim McDowell, of Danville. From a paper published by this gentleman in the seventh volume of the Philadelphia Eclectic Repository, it appears that his first operation was performed in December, 1809. It is not known, with any degree of certainty, how often Dr. McDowell repeated this operation; his published cases amount only to five, but there is reason to believe that he performed it not less than thirteen times."

It appears that Dr. McDowell did not keep any record of his cases as they occurred; hence, the difficulty of acquiring perfect accuracy in this report, but it is known, from reliable sources, that at one period he had removed nine ovarian tumors, and in eight of the cases the operations were entirely successful. After this time, other operations were performed by him, for the relief of the same disease, but the number cannot now be ascertained.

Calculous diseases seem to be one of the staple products of Kentucky. and in this respect she surpasses the rest of the world as much as she excells in producing tobacco and hemp; hence, many of her surgeons have become celebrated as lithotomists.

Professor Dudley, of Lexington, stands at the head of this department, and has, perhaps, operated oftener than any other person known in the history of surgery. He has performed

the operation two hundred and seven times. This number far exceeds that of any other operator in Kentucky, and is about one half of all the operations together, that have been performed in that State.

Throughout the report of Dr. Gross, there are many original suggestion of improved modes of treatment, under the several surgical heads, but the report, itself, must be read, to gain a just idea of its value. For if we were to give it a complete analysis, we fear we would find ourselves in the situation of the Alchemist, who analysed a precious pearl. He found his Laboratory filled with various gases, but the beautiful radiance of his gem was nowhere to be found. W.

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*A Discourse on the Life, Character, and services of Daniel Drake M. D. Delivered by Request before the Faculty and Medical Students of the University of Louisville, January 27th,* 1853, By D. Gross, M. D.

But few persons could be so well prepared to deliver an address on the "life character and services of this great man as Prof. Gross. Connected and associated with him as he was, socially, professionally, and as colleagues, in two medical faculties, he possessed rare privileges of estimating his character under all circumstances and in every phase of life.

The discourse begins by giving a brief and pathetic account of his last visit to Louisville just previous to his final illness. "It was his last journey on earth—he gazed for the last time upon the beautiful scenery of his beloved Ohio." During his stay in the city it was remarked, that, "he looked so well that every one was struck with the circumstance," and at the anniversary supper of the Kentucky State Medical Society, whose guest he was, "he responded in terms of glowing eloquence to a complimentary toast." In a visit to one of his former colleagues," he was painfully impressed with the changes which time and disease had wrought upon him since their last interview." He expressed his "conviction that he should never see him again." "Strange prophecy, but true." "The one still lives, clinging like an ancient and venerable ivy to the tree of time, while the other, many years his junior, lies cold in the winding sheet of death."

"He made his last public speech" at a meeting called by his fellow citizens to do honor to the "great secretary," "who," he remarked, in speaking of the dying words of Mr. Webster, "shall say that the simple utterance of the departed statesman—"Thy rod, thy rod—Thy staff, thy staff, they comfort me'—do not constitute the greatest act of that life of great acts?" "That night his couch knew no repose," a few days are passed, "the enemy now receeding, now advancing, until at lengh it is but too evident to both patient and friends, that the hour of convalesence, if it is ever to come, is far off."

After tracing briefly the course of the disease, congestion of the brain, an affection to which he had always been predisposed, having had an attack as early as 1825, when he was connected with the Transylvania University at Lexington, consequent upon the intense mental labor to which he always subjected himself, Dr. Gross remarks, "like a green leaf in autumn, loosened by the frost, and shaken by the wind he fell prematurely from the tree of life, which he might according to man's feeble judgment, have yet adorned for many years. At the time of his death he had just completed his sixty-seventh year." Anxious to live on account of the unfinished condition of the great work of his life, this subject weighed heavily upon his mind during his last hours of consciousness. "Beckoning to one near and dear to him, he speaks to him concerning the unfinished condition of his great work, saying that his only ambition was to complete it, and expressing a hope that God might spare him for that end." Every one must regret that he was not allowed to remain long enough to complete this remarkable production of his great mind. The first volume being considered both in Europe and America, a work of the most comprehensive genius of any that has yet appeared in medical literature.

Dr. Drake was born at Plainfield a small village in Essex County, New Jersey, October 20th, 1785. His father moved to Kentucky, when his son was two and a half years old, and settled at May's Lick. At this period that village contained "fifty-two persons, all poor and illiterate." Until he was fifteen years old he lived here in a log cabin, "built of unhewn logs—puncheon floor below—clap-boards above—a small square window without glass—a chimney of 'cats and clay,' and a course roof." At the age spoken of he was sent by his father to Cincinnati, to study Medicine with Dr. Goforth, although previous to this, young Daniel had gone to Lexington, and had partially engaged as an apprentice to

Saddlery. His early education and reading was very limited from the scarcity of schools and libraries, his father being too poor to send him to Lexington, at which was the only college then in Kentucky, and for the same reason could not afford him much of variety in books. Dr. Gross in speaking of his library says: "As might be supposed was not either large or diversified." "It was more properly speaking select, containing the Bible, Rippen's Hymns, Watt's Hymns for children—Pilgrims Progress—an old romance of the days of Knight errantry—Primer, with a plate representing John Rogers at the stake—Spelling Books—an Arithmetic, and an Almanac. As he grew up he met with Guthrie's Grammar, of Geography, Entick's Dictionary, Scott's Lessons, Æsop's Fables, the life of Franklin, and Lord Chesterfield's letters to his son, the latter of which he greatly prized." His pupilage is thus described, "Young Drake performed with alacrity and fidelity, all the various duties which at that early period of the West, usually devolved upon medical students. His business was not only to study his preceptor's books but to compound his prescriptions, to attend to the shop or office, and as he advanced in knowledge to assist in practice. The first task assigned him, was to read Quincy's Dispensatory, and grind quicksilver into mercurial ointment, the latter of which he quaintly remarks he found, from previous practice on a Kentucky hand-mill, much easier of the two. Subsequently, and by degrees, he studied Cheselden on the Bones, and Innes on the muscles. Boerhave and Van Sweilin's commentaries, Chaptat's Chemistry, Cullen's Materia Medica and Maller's Physiology." These were all the authorities to which he and other medical students had access, and right well did he improve the information which he received therefrom. It was "the custom" says our author, "to commit to memory the greater portion of their contents." Students in those days certainly had a commendable zeal and no small share of industry, and when those of our times compare their facilities with those possessed in early years, a spirit of gratitude should pervade them, and inspire them with energy and a determination not to be unworthy the privileges they enjoy.

He practiced his profession eleven years, "under the sanction of a diploma," given him by his preceptor, and signed as surgeon general of Ohio Militia, this, "he always greatly valued as a memorial of olden time." This diploma "the first ever granted in the interior valley of North America,"

eleven years after, "was corroborated by another from the University of Pennsylvania."

Before he graduated, however, he was already an author, having published the "*Picture of Cincinnati,*" a work which gave him not only a home reputation but a trans-Atlantic one.

He graduated in 1815, and a year had hardly elapsed before he was made a professor in Transylvania University. Associated with him was an able faculty. Composed of Dudley, Richardson, Blythe, and Overton.

"In 1819 he founded the Medical College of Ohio, and immediately organized a faculty, himself taking the chair of Medicine." Soon "misunderstanding sprung up," and he was disconnected with the school. "In 1823, he was induced to re-enter Transylvania University." He was finally transferred from the chair of Materia Medica to that of Theory and Practice. "While quietly pursuing his practice and editing the journal which he had established only a few years before, Dr. Drake was called in 1830 to the Professorship of Medicine in the Jefferson College of Philadelphia." Among his colleagues were Dr. George McClellan and Dr. Eberle, both eminent men and successful lecturers. "It is no disparagement to these gentlemen to declare that the backwoodsman not only acquitted himself with great credit, but that, long before the close of the session, he was the most popular professor in the institution." At the close of the term he returned to the west, all his feelings and hopes were concentrated in and around his beloved Cincinnati. His greatest desire was to found a flourishing medical school at this place. He brought two of his Philadelphia colleagues with him, and organized a faculty under the charter of the Miami University, but they did not effect anything. An effort was made to unite the two faculties by the friends of the Ohio Medical College, which was so far successful as to take several of Dr. Drake's Corps.

In 1835 he organized the faculty of the Cincinnati College, shortly before which he had been offered the professorship of Medicine in the Ohio Medical College, which he had founded sixteen years previously. He believed that there was more hope for a new school than in any resurrection of the old one. "His colleagues were Dr. C. Rives, the present able and popular professor of Obstetrics in the Medical College of Ohio, Dr. Joseph Nash McDonald, now of the University of Missouri; Dr. John Harrison formerly of this city, and after the

down-fall of the Cincinnati College, a professor in the Medical College of Ohio; Dr. James B. Rogers, afterwards professor of Chemistry in the University of Pennsylvania, and Horatio G. Jameson a distinguished surgeon of Baltimore, and at one time a professor of Surgery in the Washington College of that city. To myself was assigned the chair of Pathological Anatomy." The Cincinnati college after having been in existence four years, and having educated as many hundred young gentlemen, was doomed to go down by the pressure of pecuniary liabilities.

"Dr. Drake did not long continue idle. The Faculty of the Cincinnati College had hardly been disbanded, when he received an invitation from the Trustees of this University to the chair of Clinical Medicine, and Pathological Anatomy." The chair was a new and novel one, "created with especial reference to him," but the learning and ability as a lecturer which he brought to it soon made it popular, although it was an "eighth chair." In 1844 on the retirement of Dr. Cook he was transferred to the chair of Theory and Practice of Medicine. He remained in this chair until 1849, when he resigned it, and soon after accepted the same chair in the Medical College of Ohio. He lectured with marked energy and ability for one session, when he thought proper to again resign his professorship. The next fall he was recalled to Louisville to the same chair which he had vacated, and remained connected with that University for two sessions, when he finally left it, to unite his fortunes with his "early love," the Medical College of Ohio. "He could not and would not, resist a long cherished wish to spend the evening of his life in an institution to which, early in his career, when he had not yet acquired a substantial fame, he had given birth. His affections for her had never been alienated for a moment, even in his exile as a teacher in other States; he fondly hoped that he should live long enough to see her assume a proud rank among the great schools of the country; and he prayed that God might permit him to breathe out his last breath in her service and that he might die in the midst of her pupils, and be followed by them to his final resting place in the tomb. His wish in this respect, was gratified."

Dr. Gross after having spoken of Dr. Drake as a physician and founder of medical schools, and his connection with medical faculties, next contemplates him as a "philanthropist and a patriot." Space forbids us entering at any length, upon his private character, and his public actions separate from his profession.

He was warmly interested in "public education and morals," and benevolent and charitable institutions for the relief and protection of the unfortunate. In 1821 he procured a charter for the Commercial Hospital, which is now a large and well conducted charity. The thousands of poor to whom it has administered relief, are indebted to the comprehensive philanthropy of this great and good man. In 1834 he petitioned in an address, the Legislatue of Kentucky, in behalf of an institution for the education of the Blind. It would be impossible in a mere review like this, to do justice to his many noble disinterested exertions in behalf of humanity. The hope that the day will not be far distant when a competent biographer will do justice to him not only as a pioneer, philanthropist but as a Medical philosopher with but few, if any equals.

In temperance he advocated and practised total abstinence, and at Lonisville, he organized "the Physiological Temperance Society," for the purpose of enlisting, the young members of the profession in this cause early in life.

He was the first to advocate the construction of a railroad which would connect the Ohio with the south and southwestern sea coast.

Dr. Gross's discourse covers more than ninety octavo pages, and although he seems to have to some length, discussed Dr. Drake as a physician, a teacher and an author—to have reviewed him as a man socially, as a philanthropist, as a Christian, each view of his character seems but barely opened, but partially exposed. So prolific was his life of deeds, that need only be mentioned to be admired, need only be presented to interest all minds. We must now close our hasty review of this discourse, and will do so by a short extract from it which at once exhibits his disinterestedness and entire forgetfulness of self throughout his whole career, never having until late in life "taken any thought of to-morrow," says the writer. "But although he has not like Cæsar, left any landed estates, villas, orchards or vineyards to his friends and the public, he has bequeathed them what is far more precious and enduring, a name without reproach, a bright example, and imperishable works." D.

# Progress of Medicine.

## ENGLAND.

*Retrospect of Practical Therapeutics.—Ol. Morrhuæ.*—In Sweden cod-liver oil has for some time been employed as an external application in the treatment of cutaneous maladies, and from that country it has recently been introduced into English practice. We have had frequent opportunities of watching its effects as prescribed by Mr. Paget, in the out-patient's room of St. Bartholomew's Hospital. The class of cases for which it appears most applicable, is that of chronic eczematous eruptions, unattended by acute inflammation of the skin or general pyrexia. In abating the troublesome itching which frequently accompanies this disease, especially in old people, it has manifested powers decidedly superior to those of any other application with which we are acquainted. In the majority of instances it can, of course, only be expected to assist constitutional treatment, not to supersede it.

We have as yet had no opportunity of forming an opinion respecting the proposed inunction of the oil in cases of phthisis, where the stomach cannot take it. Whilst on this subject, however, we feel inclined to strongly recommend the practice of exhibiting it *simultaneously with tonics*, as iron, quinine, etc., which is now adopted with great success at several hospitals. The digestion and assimilation of the oil appears to be much aided by such combination. In the treatment of cutaneous struma and lupus at the Hospital for Skin Diseases, it is usual to administer along with the oil small doses of mercurials, which are often continued for many months. The success attending this practice is very great, and appears to much exceed that which results from the administration of either drug alone.

*Ammonio-sulphate of Copper.*—At the Westminister Hospital Dr. Hamilton Roe has recently employed this salt very successfully in the treatment of a series of cases of severe chorea, the patients being mostly children of under fourteen years of age. In several the sulphate of zinc and sequi-chloride of iron had been tried previously, and without benefit. The dose given has been from half a grain to a grain, three times daily. Its use in this complaint is not novel, although not much resorted to in this country. In Italy it has gained a considerable reputation, and is known by the name of the

*Kousso.*—for promoting the expulsion of teniæ, this drug appears to maintain its high reputation, and being now obtainable at a moderate cost it is in very frequent use. We fear that it must be admitted that it but rarely brings away the head of the animal. Such, we are informed by Dr. Peacock who has used it largely, and carefully examined the expelled entozoa, is the result of his experience.

*Examination of the Human Milk in Legal Medicine.*—Mr. Mercer Adam called the attention of the Society to a new and important use of the microscope in legal medicine. He remarked that there were few cases in medical jurisprudence more difficult to decide than whether, after a few weeks had elapsed, parturition had occurred recently or at a remote period. In such cases of doubt, where delivery is circumstantially believed to have recently occurred, but where all the physical signs may, with equal propriety, be reckoned evidences of this having been at a remote period, he believed that the detection of colostrum corpuscles in the milk would at once decide the question, and, almost with certainty, prove the delivery to have been recent. In illustration of this, he cited the following case, which had recently come under his notice. The body of a newly-born child, much decomposed, was found in a morass in the south of Scotland. It was impossible to decide *secundum artem* whether it had been born alive; but it appeared to have been dead for four or five weeks. Proceedings were taken to discover the mother, and suspicion fell on a young woman who was *supposed* to have been secretly delivered about four or five weeks previously,—that is, about the same date as the infant was thought to have been exposed. On being arrested on the charge of concealed pregnancy, she said she had had a child a year and a half before, which she had nursed till within three months of her apprehension, and firmly denied having recently delivered. The two medical men, who were judicially appointed to examine her, came to different decisions, so equivacal were all the signs, as to the period which had elapsed since her delivery. A microscopic examination of her milk was suggested, and it was found to abound in colostric globules. This decided the *questo vexata*, and showed parturition to have lately occurred. The girl, on being told that imposture no longer availed, confessed having given birth to a still-born child, thereby confirming the accuracy of the revelations of the microscope. Mr. Adam considered, that in such cases, the microscope was likely to be as serviceable

to the medical jurist as it was in the detection of blood globules, spermatoza, etc.

*Yellow Fever Stripped of all its Terrors.*—Mr. J. Riddell, acting consul-general at Carraccas, has communicated to Dr. Hector Gavin, and Dr. Gavin has imparted to the medical authorities of the West India Islands, that "an old woman, named Mariquita Orfila, has discovered a perfect remedy for the black vomit and yellow fever, by means of which several persons have been completely cured, after a consultation of doctors had declared that the cases were quite hopeless, and that the patients must die in a few hours. The remedy is the juice of the pounded leaves of the *Berbena*, given in small doses three times a day, and injections of the same every two hours, until the bowels are emptied. The Berbena is a wild shrub, to be found growing almost everywhere, and particularly in low moist grounds. All our doctors have adopted its use, and now few or none die of those late fearful diseases."

Dr. Dempster, deputy inspector-general of hospitals, who has forwarded to us this information, in a letter dated 26th February last, has also transmitted a small specimen of the plant, which Professor Balfour has identified as a species of the natural order *Verbenaceæ*, in Merat's *Dictionaire de Matiere Medicale*, we find he observes of the *Verbena officinalis*, a plant now in utter neglect, that "its infusion was recommended for headaches, sore throat, jaundice, colic, inflamation of the eyes, and dropsy, *vertus qui tiendraient effectivement du miracle, si elles etaient vraies.*" And such is our opinion of the verbenaceous plant of Mariquita Orfila. It is marvellous, if it be true, that an herb, so innocent in taste, odour, and every other sensible quality, as the article sent to us, is a remedy for yellow fever, or for anything else.

*Administration of Chloroform—Death from Cardiac Syncope—Autopsy.* By Mr. Erichsen, of University College Hospital.—There are few subjects of greater interest to the surgical world, and few on which the accumulation of evidence is more necessary, than respecting the cause of death during the inhalation of chloroform; we therefore hasten to lay before our readers the particulars of the following melancholy case:—On March 18, Caroline Baker, aged 28, a prostitute, was admitted on account of sloughing phagedæna of the labia. She was a tall, well made, moderately stout woman,

of a florid, but rather bloated aspect. Mr. Erichsen directed the application of strong nitric acid to the sores to be made, according to custom, while the patient was under the influence of chloroform. For this purpose, on the following morning, the acti g house surgeon, Mr. White, aid d by one of the physician's aisistants, and the dresser of the patient, proceeded to administer the anæsthetic. We must here describe the mode of administration usually adopted at this hospital. On a piece of folded lint, about an inch and a half square, and consisting of four doubles, a small quantity of chloroform is poured, and the lint then held at a distance of about three inches from the nose of the patient, so as to permit of the very free admixture of air with the first few inhalations, After the lapse of about half a minute, the lint is brought nearer to the patient's nose, to within the distance of perhaps an inch, being never allowed to touch; at the same time a towel is lightly laid over the face of the patient and the hand of the operator, so as to prevent rhe escape of the chloroform vapour, but not to prevent the admission of air. During the whole time, it is the duty of the administrator to keep his hand on the pulse, and occasionally to examine the pupils of the patient. All these precautions were, we believe, strictly observed in the present case. About *a drachm* of chloroform was poured on to the lint. After inhaling for from two to three minutes the woman became a little excited, nd began to talk and move her legs; the lint was then removed a little further from the face; in a short time she became a little quiet, and in about *eight minutes* from the commencement was fast asleep. Every thing thus far had gone on satisfactorily; the pulse, which, previous to the administration, was regular, of average character as to firmness, and about 94 in frequency, had become accelerated under the first influence of the drug, but soon afterwards sunk to its previous state, and continued of fair power throughout, the pupils had been closely contracted; her aspect had continued florid; and the respiration was only slightly stertorous. The chloroform and towel were now laid aside, and the patient's bed was moved a short distance towards the window. While this was doing, Mr. White, who still kept his hand on the pulse, noticed that it suddenly began to get smaller and weaker, and that the countenance of the patient was becoming very pallid. Cold water was at once dashed on her face. In a few seconds, her pulse had become imperceptible; and on examining the pupils, they were found widely dilated. Artifi-

cial respiration by means of pressure on the abdomen was now commenced, the natural respiration having become very slow, *but not quite suspended.* The stethoscope was applied over the heart, without any sounds being detected; the examination was, however, necessarily a hurried one. Mr. Clover, the resident medical officer, who had been summoned on the first appearance of danger, was in almost immediate attendance. Under his direction, the artificial respiration was maintained, hot water was applied to the feet and thighs, and friction was made on the body of the patient. Galvanism was also had recourse to, one pole being applied over the region of the heart, and the other to the back of the neck. It is probable that not more than four minutes had elapsed between the cessation of the heart's action and the commencement of the use of this agent. The apparatus was in good order, and worked well. After the above means had been simultaneously continued for a few minutes, there were decided symptoms of improvement; the pupils again contracted, and, on the artificial respiration being temporarily suspended, the patient spontaneously made eight or nine interrupted attempts to breathe. These having ceased, Mr. Clover next performed larygotomy and artificial respiration was continued by means of a tube passed through the opening into the trachea. From this time forwards no hopeful indications occurred; the death like pallor of the countenance increased; and the pupils again became widely dilated. After about three quarters of an hour, spent in unremitting exertions, it was judged useless further to persevere, as the patient was evidently quite dead.

*Autopsy Twenty-Four Hours after death.*—Cadaveric rigidity well marked. Numerous discolorations in spots and patches scattered over the surface of the corpse.

Lungs congested, but not to a marked degree; crepitant in all parts.

*Heart.*— Right side moderately contracted; left distended with fluid blood; the whole organ large, pale, flabby, and having on its surface a greater deposit of fat than natural. Weight ℥xss. Its muscular structure, when cut across, was very noticeably soft and pale; it was very easily torn. Placed under the microscope, its fibres were seen to be loaded with fat granules,— a condition which prevailed more or less in all parts, but to the greatest extent in those taken from the right ventricle. The valve and large vessels were healthy.

*Blood* dark in color, and, with one exception, fluid in all

parts; this exception relating to that which escaped when the root of the right lung was cut across, which contained a few small and very soft coagula.

*Spleen* enlarged, and loaded with blood. Weight ℥xii.

The rest of the abdomonial organs, as also the brain, were carefully examined, but did not present any appearances worthy of note. With the exception of the kidneys, none of them showed any degree of congestion. Microscopically, it appeared healthy.

We are indebted to Mr. White for the above particulars. The autopsy was performed by Professor Erichsen, and the microscopic examination by Dr. Quain, whose conclusions were also supported by several other independent observers.

The cases in which death has been caused by chloroform may be arranged into at least two distinct classes; first, those in which the anæsthetic influence having passed from the sensorium to the medulla oblongate, paralysis of the puemogastric nerves results, and consequent suspension of the respiratory process; and, secondly, those from cardiac syncope, in which the heart's action is probably arrested by the direct influence of the poisoned blood. In the former, which is by far the larger class, in the symptoms of danger is failure in respiratory movements; in the latter, failure of the heart's action. Theexperiments of Dr. Clover and M. Gosselin prove that, when chloroform is injected into the veins of animals, the action of the heart is almost immediately put a stop to; and, in the case of a patient at the Hotel Dieu of Lyons, it is noted, that, as in the one above related, respiration continued to be feebly performed for some time after the pulse had totally ceased to beat. There can be little doubt but that these cases must be deemed examples of this most hopeless form,—death beginning at the heart.

We much fear that the above case contains little in the way of practical teaching,—that it is simply an other item placed on the debtor side of the balance sheet between chloroform and mankind, and that it does not in any way increase our knowledge of the means by which similar mishaps are in future to be avoided. It is true the quantity administered was not measured; but, had it been so, it may be questioned whether more would have been gained than a knowledge of the exact dose which sufficed to kill. It is true, that no previous examination of the thoracic viscera had been instituted; but it is probable, that auscultation, in the case of a stout, florid woman, could have pronounced a heart of the size which we have

mentioned, and possessing sufficient power to give to the pulse an average degree of force, to be in a state of fatty degeneration? Even if the sign were of proved value, no arcus senilis existed; and although afterwards it was ascertained from the friends of the deceased, that she had several times complained casually of painful palpitation, yet the account was certainly not of a character to have *a priori* excited alarm. Whilst we would strongly recommend to all engaged in the administration of chloroform, to carefully examine the state of the patient's heart previously, and never to omit the measurement of the dose, we yet cannot help expressing our belief that, in the present instance, the fatal result was a pure accident, in so far that no precautionary measures would have been effectual for its prevention. *London Medical Times and Gazette.*

*Obstinate Ulcer of the Leg.—New Mode of Inducing Cicatrization.*—It must have occurred to most of our readers to see cases of old standing ulcers on the leg which it has been easy to induce to cicatrise up to a certain point, but extremely difficult to get completely healed. Thus a sore of large dimensions may, under treatment, contract in the most favorable manner possible until it is reduced to the size of a shilling or a halfpenny, when it suddenly becomes most obstinately stationary. In an example of this kind, in which the ulcer had never been healed for twenty years, Mr. Gay has recently adopted, with complete success, the somewhat novel procedure which we are about to describe.

A seaman, named Edward Farrell, aged 36, was admitted, on January 10, 1853, with an irregular sore on the front and inner aspect of his right leg, about the size of the palm of the hand. He stated, that it was twenty years since the ulcer first formed; that he had in the meantime, been an inmate of nine different hospital, and subjected without success, to a great variety of treatment; that he had suffered so much inconvenience from pain, loss of time, etc., that, regarding the disease as incurable, he now applied in order to have the leg amputated. Mr. Gay advised him to defer resort to such a severe mode of cure until milder measures had again been tried; and ordered him to be confined to bed, with a lotion, composed of lot. plumbi and laudanum, applied to the diseased part. As his nights were rendered very restless by pain, a pill consisting of pil. sap. cum opio gr. v., was exhibited nightly four times in succession, after which it ceased to be necessary.

Under this treatment, the ulcer rapidly improved, and, by the middle of February, had become lessened to about the size of a half-crown. Cicatrization had thus far been accomplished, in part by the dragging in of the surrounding integument, but chiefly by the formation of new skin. During the next three weeks, no progress was made; the sore remained in precisely the same state; it was, however, painless, and the man appeared to be in very good health. He stated, that it was at this point that the healing process had, on previous occasions, been arrested. Mr. Gay called attention to the circumstance that the healthy skin on each side of the cicatrix was in a state of great tension, and apparently unable further to yield to the contracting power of the scar. To relieve this condition, he determined to try the effect of an incision through that part of the skin where the tension existed in the greatest degree.

On March 10th this was accordingly done. A longitudinal incision, about three inches long, and deep enough to include the fascia, was made on the inner side of the leg, two inches from the border of the cicatrix.

It was noticed, after the lapse of a few days, that, as if to confirm the propriety of the measure, the new wound gaped most at the part exactly opposite to the unhealed sore, and that the latter had already diminished in size.

April 1.—(Three weeks after the performance of the incision.) The original ulcer is now quite closed by a very sound-looking scar, and of the wound made by the knife there remains unhealed only a mere line of very healthy granulations, which will probably be skinned over in the course of a few days. It is remarkable that the healing of the latter has been partly by the formation of new cuticle, and partly by the approximation of its edges. A stage of contraction will soon no doubt ensue in this cicatrix, but as the traction exercised by it in so doing will be transferred to the back of the leg, where the skin is loose, it may be fairly hoped that the scar of the ulcer will escape injury. Mr. Gay observes, that it is only by thus altering the direction of traction, and transferring it to more healthy and moveable parts, that any advantage can be expected from measures similar to the above. If the conditions under which the artificial sore is placed were precisely similar to those of the original one, it would then share with the latter in the improbability of the accomplishment of cicatrization. But they are not. The incision

is made at some distance from the diseased surface, and in healthy parts, yet unstretched, and easily permitting of considerable yielding.—*London Med. Times & Gaz.*

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## UNITED STATES.

*Iodine as a preventive of Mammary Abscess.* By H. C. Stewart, M. D., of Salisbury, Somerset Co., Pa.

This communication, I presume, will fall under the notice of no physician unacquainted with what is usually termed mammary abscess, both as regards the condition of the breast and the best known means of obviating that distressing condition, to which the "lying-in woman" is so often subjected.

Perhaps no organ of the body is capable of producing a greater amount of suffering to the patient, and vexation to the physician, than the female breast. Situated upon a prominent part of the body—delicately constructed—influencing and being influenced at times, by other organs, it is adapted to the performance of an important function, the disturbance of which must necessarily produce a disagreeable and dangerous result, often requiring the best efforts of the physician to counteract.

Seeing, then, that these things are so, we have been led to inquire, is there no remedy? or must our patients, after having undergone the agony of parturition, still suffer on, simply because their breasts have not been properly and sufficiently relieved of milk as fast as secreted?

If mammary abscess cannot be *prevented*, it is not because *remedies* have not been *proposed* for it; for amongst all the "ills that flesh is heir to," there is none, perhaps, for which such a multitudinous variety of *cures* has been tried. This is probably the best evidence of the difficulty of preventing such an occurrence.

The first indication that suggests itself to the mind of the physician, is to remove the tension by witndrawing the milk. But this cannot always be done; for in how many cases do we find a complete obstruction of the ducts; others, again, where there are no nipples, consequently no outlet for the milk. Have we no remedy here, or must we let the gland inflame, and then bleed and apply leeches and "poultices to favor suppuration," and when the abscess forms, open it with a lancet, and run the risk of forming a milk fistula, then apply adhesive strips, and if all this fail—*let it alone*?

In the early part of my practice, I was called to attend a lady, the mother of five children, none of whom she had ever suckled, owing to inversion of the nipples, and consequent obstruction of the ducts. So thorough was this obstruction, that the best efforts of the physicians, on former occasions, had totally failed to relieve the breasts of a particle of milk; consequently the woman had suffered on every occasion from mammary abscess.

In giving me a history of the treatment at different times, she said that at one time she came near losing both breasts; when the physician, (dead at the time of this conversation,) as a last remedy, applied something which, from the description given me, I believed to be iodine. Knowing the efficacy of that article in all glandular affections, I resolved to try it as soon as the breasts showed any signs of inflammation. On the third day, finding them large, heavy and intensely painful, I made an application to the breasts of iodine ointment spread upon linnen, which gave almost immediate relief. After a few applications. I found the breasts "perfectly flaccid, completely cool, and admitting of the freest palpation and handling, without the woman making any complaint." From the favorable result in the above case, I was induced to try it in two similar cases, with the same success, and so far as I know it has never failed in the hands of any of my medical friends to whom I have recommended it; but not a few there are who can bear testimony to its virtues.

With these few suggestions, I respectfully submit it to the profession, hoping that it may not disappoint their expectations.—*Medical Examiner.*

*Meeting of the American Medical Association.*—The sixth Annual Meeting of this Assoctation took place in the city of New York on Tuesday, May 3d. Dr. Jonathan Knight, of New Haven, was chosen president. But little business was transacted on the first day of the session, and in the evening the members, about 500 in number, were entertained at the residences of several of the profession of the city. On Wednesday the reports of the various Standing Committees were called for. Prof. Meigs, of Piladelphia, Chairman of the Committee on Diseases of the Cervix Uteri, desired that his report, which was strictly professional, might not be read to the meeting, as many were present who did no belong to the profession. Dr. Condie, of Philadelphia, was unable to present his report on Tubercular Disease, and the committee

were continued another year. Dr. Emerson, of Philadelphia, presented his report on the agency of refrigeration produced by upward radiation of heat, as an exciting cause of disease—the sanatory lesson of which was the great importance of guarding against the refrigerating effects of *nocturnal radiation*, especially in sickly places and during epidemic periods. Dr. Campbell, of Augusta, Geo., reported on Typhoid Fever. Dr. Atlee, of Pennsylvania, reported on the epidemics of New Jersey, Delaware, and Pennsylvania. Dr Sutton, of Kentucky, reported on the epidemics of that State. Dr. Pitcher, of Detroit, presented a report on Medical Education. Dr. Smith, of New York, chairman of the Committee on Voluntary Essays, reported fifteen received, and premiums were awarded to the authors of the two following: "On the Cell, its patholgy," &c. by Dr. Waldo J. Burnett, of Boston; "Fibrous Diseases of the Uterus hitherto considered incurable," by Washington L. Atlee, of Philadelphia. A resolution was proposed by Prof. Palmer, of Chicago, and was adopted—"That this Association earnestly recommends to the local Societies in different portions of our counry, to appoint Committees, whose duty it shall be to record the prevalence of epidemics or other diseases, and the general state of health in their respective localiites and transmit the said reports to the committee of this body on epidemics, through the State Societies, where they exist." Dr. Chas. A. Lee offered a resolution censuring the medical schools which give two courses of lectures annually—which was laid on the table. Dr. Buck, of New York, read a paper on morbid growths in the larynx. The subject of assimilated rank in the navy was discussed, many members taking part in it, and a committee was appointed to bring the matter before Congress. Dr. Peaslee, of New Hampshire, offered a resolution that no diplomas should be granted to those who intend to practice irregularly. A warm discussion followed. Dr. Sears thought the faculty who granted diplomas in such cases should have the power of taking them back. The resolution was laid over.

On Thursday, several resolutions were presented by Dr. G. J. Ziegler, of Philadelphia, and referred to the Committee previously appointed on local societies. They recommend the adoption of measures for the formation of State and County Medical Societies throughout the country; and, to secure a more general membership, that instead of the present voluntary application for admission to County Societies by individuals, every unassociated eligible physician be elected to such;

and that those thus elected, and neglecting to respond to or unite themselves with the general profession, be considered as not entitled to the usual rights and privileges of professional intercourse and fellowship. Dr. N. S. Davis, of Illinois, read the report on Medical Literature. The periodical medical literature of the country, it was stated, comprises annually 16,000 pages, 7,100 being devoted to original matter, 2,380 to reviews, and 6,390 to selections and editorials. Complaint is made, that in the orginal articles, writers are apt to describe particular modes of treatment which they have found serviceable, and to recommend such modes to others without regard to seasons, the topography of the place, or other local influences. Dr. Winslow Lewis, of Boston, offered a resolution, recommending the passage by Congress of a law compelling importers of medical compounds to state on them their true constituent parts; and that State Legislatures compel venders of the same to do so in the respective States. Dr. Welford, of Va., moved that the statement be made in English, as the spirit of such a law had been evaded in Main by the Chinese language being used! Drs. Bond of Baltimore, Sears and Cocks of New York, C. T. Jackson of Boston, Cox of Maryland, and Richards of Ohio, opposed the resolution; and Drs. Parker and Bolton of Va., and W. Hooker of Conn., advocated it. It was lost by a large majority. Dr. Yandell, of Ky., read the report on Malignant Diseases. A resolution offered by Dr. Gooch, of Va., to secure a more strict adherence to the code of ethics, and proposing that medical degrees be conferred on the condition, that they be forfeited if the orthodox system of medicine be deserted, caused much discussion. The subject was disposed of by the passage of a resolution recommending to Medical Colleges and examining boards, to require from graduates and licentiates their signatures to the code of ethics; and that the formal administration of a pledge faihful to observe the same, form part of the public exercises at medical commencements. The constitution was amended so that four members of the Medical Board of the Army and Navy be admitted to the convention, and that the American Medical Society in Paris be entitled to a reprsentation. A Standing Committee was appointed, to report at the next meeting, concerning any causes of death during the year from the use of anæsthetic agents. The next yearly meeting was appointed to be held at St. Louis. A banquet was given in the evening, at Metropolitan Hall, about 1 000 being present, which excelled anything of the kind in New York—as as-

serted by the Tribune, from which the preceding brief sketch has been condensed—since the reception of Kossuth by the Bar. On Friday, the delegates were invited to visit the city institutions; and those from the North who accepted the invitation, escaped the risk to life and limb which was incurred by many who returned home by the land route on the morning of that fatal day.—*Boston Med. and Surg. Jour.*

# Miscellaneous.

*Mr. Syme, versus the Imperial Academy of Medicine in Paris, and the Provincial Association of England.*—Mr. Syme has been violently assailed in various quarters, for treating obstinate strictures of the urethra by a perineal section.

A committee of the Imperial Academy of Paris, that was appointed to report on the various modes of treating strictures, made so many misstatements in regard to the method of Mr. Syme, that he was compelled, in self-defence, to address a letter to the President asking for corrections.

The Provincial Association of England, of which Mr. Syme was a member, also permitted statements, offensive to Mr. Syme, to appear in the reports of their proceedings. For this reason Mr. Syme resigned his membership of that body.

*Vaccination.*—A bill has passed to the third reading in the British Parliament, that will, if it becomes a law, compel every parent, or guardian of a child, to have it vaccinated before it is six months old.

*Liebig.*—Baron Liebig has retired from the chair of Chemistry at Giessen, he passed into private life honored by the gratitude and best wishes of the scientific world.

*The Ohio College of Dental Surgery.*—This institution, we are pleased to learn, is in a highly prosperous condition. The Dental Profession in the west has taken an interest in its advancement, that will place it beyond a possibility of a failure.

We have seen work done by the students, in the College Laboratory that certainly could not be surpassed by the best of workmen in private practice. We [illegible] particularise an entire set of artificial teeth made by J[illegible]e of Galliopolis, intended for exhibition at the worlds fa[illegible]at we feel confi-

dent must take the prize, even when brought into competition with the Dentists of the world.

It is a beautiful specimen of Dr. Allens continuous gum, on platina plate, and is so perfect in form and natural in appearance, as scarcely to leave room for a desire for further improvement in the art of artificial work.

There are twenty-eight regular medical periodicals published in the United States, besides the quack journals.

The English are about to erect a monument in London to the memory of Dr. Jenner.

It is said to require five hundred pounds of rose leaves to produce one drachm of otto.

*On the Different Degress of Excitability of the Different Parts of the Sensitive Nerve-Fibres.*—It is a well-known fact, that an excitation of the skin or of a mucous membrane, produces a greater pain or a greater reflex action than that of the nerve trunk, from which these parts receive their nerve-fibres. For instance, a slight excitation of the laryngeal mucous membrane produces coughing, while an excitation of the vagus nerve very rarely produces the same effect. Therefore, there is a notable difference between the peripheric extremity of a nerve-tube and its part contained in a nerve trunk.

The existence of a peculiar organ in the skin (the *corpuscles of touch* of Wagner) has not much (if it has anything) to do with the different degress of excitability of nerve-tubes in the skin and in the trunks of nerves. The corpuscles of touch do not exist in the mucous membranes, and if they exist in the skin of frogs, turtles, etc., it is in a very small number; and, nevertheless, the degree of excitability of nerve fibres in these parts is much superior to that of the fibres of the nerve-trunks.

Some very striking differences exist in the degress of excitability of centripetal nerve-fibres in the five following different parts of their length.

1st. The part contained in the skin.

2d. The part of a nerve extending from the skin to the spinal cord.

3d. The posterior roots of the spinal nerves.

4th. The part of the posterior roots attached to the spinal cord.

5th. The part of the cutaneous nerve-fibres contained in the gray matter of the spinal cord.

The fibres existing in the gray matter of the spinal cord appear to be inexcitable, at least by our ordinary means of excitation. Of the four other parts, the less excitable is the nerve between the gangilion and the skin. The excitability of the posterior roots is less than that of the skin and that of their parts attached to the spinal cord. Of these two last parts the skin is less excitable than the other.

I measured the excitability by the degree of pain or of reflex action. The differences are much more easily found for the reflex action than for the pain.

Is it because they have been connected with the cells of the central gray matter of the spinal cord, that the centripetal fibres contained in that gray matter, are not excitable? If it is so, there is a differance between these cells and those of the gangilions on the posterior roots, because the connection of these fibres with the cells of these gangilions does not prevent their being excitable.*

From the facts above related I conclude that the same nerve fibre, in different parts of its length, may have very different degrees of excitability.—*Medical Examiner.*

*Case of extra-Uterine Fœtation occurriing in a Hernial Sac.* By Dr. Skirvani.—An otherwise healthy woman, aged 38, had from childhood an imperfectly developed inguinal hernia of the left side. She had been delivered eight times without the occurrence of anything abnormal, except that on one occasion she had given birth to twins; however, in consequence of her labors being difficult, the hernia had gradually increased until it had attained to half the size of a child's head. The patient suffered no other inconvenience from it than that occasioned by its bulk, and the hernia was easily reduced during her confinement to bed. In October, 1850, she exeperienced, while in the act of stooping, the sensation of a round body falling suddenly into the hernial sac; from that time the hernia steadily increased in volume, and

*Recently, Dr. Cl. Bernard has communicated to the *Societe de Biologie*, of Paris, a fact which would be very important if it were exact. He says that some of the fibres of the posterior roots of the spinal nerve, in frogs, do not pass through the gangilion,—that they are the sensitive fibres, and that the gangilionic fibres are merely for reflex action. I have made alone, or with my friend Dr. Henry Lolliot, the minutest exam[illegible] of the spinal ganglions, and I am satisfied that all the fibres of the p[illegible] roots pass in the ganglion, and that Dr. Bernard has been mistake[illegible].

the tumor became the seat of pains similar to those caused by a burn, which were relieved by cold applications. Two months later the patient perceived slight movements in the tumor, and Dr. Skirvani then saw her for the first time; he diagnosed an extra-uterine pregnancy, but deferred operating. On the 24th of April pains set in; they extended from the sacrum to the hernia, and rapidly increased both in frequency and intensity. The patient having been put under the influence of ether, an incission five inches long was made in the fundus of the tumor, which now reached to the knee; the placenta was then observed covered with a sero-fibrous envelope three lines in thickness, the structure of which roughly resembled that of the uterus. The child was extracted *living*, with the membranes, but died in an hour after theoperation. The wound soon closed, and the patient recovered completely; the hernia, however, continued as large as it had been before its occupation by the fœtus.—*Wiener Zeitschrift, Nouvelle Encyclographie des Sciences Medicales*, October. 1852, p. 261. *Dublin Quarterly Journal.*

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*A New Styptic to arrest Hemorrhage.*—A number of well authenticated cases of hemorrhage, in which the following styptic has proved completely successful have been reported in the French journals by C. Sedillozt. A single drop will immediately coagulate a cupping-glass full of blood; and a large quantity of it will convert blood into a firm and resting solid. When applied to a bleeding wound, the hemorrhage is arrested almost in an instant, by the creation of a solid clot on the orifices of the bleeding vessels. This styptic may be thus prepared: Take eight ounces of balsam of benzoin, one pound of sulphate of alumina aud potassa, and ten pounds of common water, and boil these for six hours in a glazed earthen vessel, care being taken to add *fresh* quantities of *boiling* water to supply the loss in evaporation, and stir constantly. At this time the super-natant liquid is separated from the undissolved benzoin; then filtered and preserved in glass bottles. It is now fit for use. Thus obtained, the liquid is limpid, and resembles in color champaigne; its taste is styptic, and odor pleasant and aromatic. Is may be applied by soaking a piece of lint [illegible] liquid and binding it over the bleeding surface.—*Abrid[illegible]m Ranking.—N. O. Med. Jour.*

# Western Lancet.

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## PROFESSIONAL FOLLIES AND PROFESSIONAL FEUDS.

"This is a revolutionary age, and medicine has caught the spirit of the times."

This remark was penned by the eloquent and gifted Dr. Rush, of revolutionary memory. The political revolution, from which he drew such a happy illustration of the advance of medical science in his day, swept with the sword and the bayonet, the minions of tyranny from our continent; who, by the weight of musty volumes of precedents and complicated legal forms, crushed the spirit of liberty to the dust, and filched from the hands of the people, the means, earned by the expenditure of sweat and muscle, to maintain the pomp and splendor of courts, and to set the brilliants in the diadem of a haughty monarch. But where now is the revolution in medicine, that in that early period of American history, strove to burst asunder the dark battlements of error that loomed up before the dimmed vision of the humble aspirant after truth, like the sombre crag clouds that at times obscure the morning sun? Has the charge been made on the squadrons of goblins and spectres of theory, that have been marching down the high ways of time, since the days of Hipocrates, and trampling under their cold and fleshless feet, the beautiful living truths of

science? Or are we still at war with those ancient fictions, with a party like the tories of our revolution, that would still support with finatic energy, the doctrines and usages of ancient theorists, rather than the practical, experimental, revolutionizing genius, that is the spirit of this age? We must answer no! the revolution is not complete. The medical man is still in thraldom,—doomed like Rasselas the prince of Abysinia, to drag out his existence within a fortified enclosure, and to walk continually in the same sun beaten and dusty paths; and to refresh himself only with a few exotic flowers that are artfully placed upon their margins.

Theorists still strive to sway the sceptre in medicine, and in practice we are too much guided by their influences. Though experimental knowledge has a much wider range of action than it had in former times, and its influences are felt, and acknowledged in every department of our "noble science," yet there are theories that embarrass, and theorists that trammel the free and full exercise of the experimental truths, that are marking this age with such wonderful developments in the arts and the physical sciences. But the notions of men—the "fogyisms"—are yielding to the true lights in science, and facts, instead of fancies, are rapidly accumulating on our hands,—storing libraries,—and filling up our minds; but there is yet much of an adulterated material flowing in the current of our periodical literature, that is detrimental to our professional interests. The profession, and the public at large, are too apt to receive plusible assertions without sufficient proof, and to try them in practice without sufficient rational investigation.

But let us come to the point. We will denominate untried and unproven theories, *professional follies* and the discussions that they originate *professional feuds*. Now, we will not assert that those follies and feuds are of no benefit to the profession; on the contrary, they often sift truth from error, and excite investigation, and a laudable spirit of emulation in the pursuit of knowledge. The alchymists, with their follies and feuds, though failing in their aim in search of the philosopher's stone, led to the discovery of many principles in science of incalculable value. So, the follies of theorists, and the feuds of the profession, may lead to the establishment of princples no less important in medicine.

We have two classes of theorists that equally become enthusiasts in their vocations. One class is forever striving to hurry the mind rapidly on, from a few untenable facts, to a fanciful conclusion, without a proper rational experimental investigation, to the establishment of some doctrine that shall be an easy guide in practice. The other is continually arrayed, ready to give battle in the van of the advancement of experimental knowledge, by hurling into the teeth of every discoverer of a new fact, the old theories that those new facts subvert. To this class belong those men who have, in modern phrase, been called "*old fogies.*" In the first class, we find those men that have been a curse to every age in the history of medicine,—that boldly announce themselves to the world as "*reformers,*" and pretend to be the discoverers of some new principles which, when tested, prove to have no other origin than from a distempered brain.

The medical profession is composed of two grand divisions—*theorists* and experimentalists—each striving for the ascendancy over the other. One is guided by fancies, the other by facts. The time has been, and that at no very remote period, when most that was written on disease and medicine was speculative; but in this day of chemical investigation, and microscopic scrutiny, we find out the secret actions of health and disease, and laugh at the follies and the fictions of ancient theorists; forgetting, that as gross absurdities are coined daily, and are becoming current amongst us. But we have made an assault upon the theorists in their straw built fortifications of logic, and they are driven from many of the fruitful fields in which they use to revel. Where now is the theorist, that would attempt to speculate on the composition and circulation of the blood; the uses of the lungs; the actions of the glands; the process of digestion; or on the capilliary system; or the elementary tissues of the body? They have been driven from every field but that of the nervous system, and here they are entrenched to make a final stand in this mysterious citadel in the empire of human organization.

Theorists have now no business with *physiology, pathology,* or *therapeutics.* They are in the hands of experimentalists, except so far as they are under the agency of the nerves.

Let us hope then, that the *Baconianism* that has caused this age to surpass in reality, the fairy fictions—the poetical romances of

of other ages, will develope and demonstrate the wonderful mysteries of neuralogy, and leave the whole field of medicine under the dominion of the experimentalists, free from the follies and feuds of theorists, W.

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# Original Lectures, Essays & Communications.

## *A Review of the Subject of Tubercular Hemorrhage, with Remarks.* By JOHN DAWSON, M. D. Columbus, O.

The design of this is, to say something on the subject of hemorrhage, and our remarks will be mostly confined to hemoptysis—that form of it usually found associated with tubercular diatheses.

The great frequency of pulmonary diseases, makes every thing connected with their pathology and treatment of importance, and the frequency of hemorrhage in connection with the predisposition to, or existence of tubercles in the lungs, complicating as it does one half, or a little more, of all cases of the disease, serves to render it necessary to investigate the subject with care.

Our attention has been directed to this subject, because the field of inquiry seemed fruitful, and because we have hitherto been unable to see the propriety of certain measures pertaining to the treatment of hemoptysis, when there is reason to believe that it exists in connection with tubercular diatheses.

Although, from the examinations we have made of them, our ancient authors have not overlooked the existence of such a disease as hemoptysis, nor the connection it frequently has with tubercle, they, nevertheless, fail to give any special directions why this form of the complaint should receive a treatment different from that of any other. Indeed the oversight extends very considerably among the moderns. Many of the latter do not exactly consider that all varieties of the disease depend upon the same cause, but they seem to urge that they are all amenable to the same remedies; and, among these, *blood-letting* holds a conspicuous place.

We will now give a synopsis of the views of some of our principal writers, on the treatment of hemoptysis. We might begin with Hippocrates, Boerhoove or Sydenham, but we have found so little in their works, teaching the mottoes we have

more immediately here under consideration, that we shall come down among the moderns. After examining these, we find that Cullen is, perhaps, more systematic in his notice of the complaint, and its remedies, than any other author who wrote at or near his time. He also, it appears to us, laid the foundation of that practice which makes blood-letting the most important remedy.

As, however, it may be interesting to notice more in detail, the views of those authors, who have written standard works, we have prepared a synopsis from each of them.

Cullen makes distinction between the different kinds of hemoptysis founded upon their cause. He, however, fails to observe these distinctions, in giving his views in regard to the treatment. Indeed he lays down a principle in reference to their pathology that is not only very defective, but seems to have served as the basis of a very pernicious practice. In paragraph No. 848, he states, "as the hemoptysis which happens in consequence of a predisposition, is always attended with a *phlogistic diathesis*: and as the bad consequences of the disease are especially to be apprehended from the continuance of that diathesis; *so this is to be industriously taken off by blood-letting, in greater or smaller quantity, and more or less frequently repeated, according as the symptoms shall direct.*"

The kind of hemoptysis that he regards as a consequence of predisposition, we presume is that, which is found in connection with the predisposition to tubercle.

Gregory says, that the most important considerations connected with hemoptysis, are those which relate to its predisposing and exciting causes, for upon these our judgment must be formed relative to the progress and treatment. Several predisposing cases are enumerated—plothora of the the general system, and a Scrufulous diathesis, are the principle.

Between the treatment of the disease, as it originates from these two causes, he makes no material difference. Nothing, he remarks, while the blood is actually flowing, can be done, except the admission of cool air, and the avoidance of speaking and every other kind of exertion. Once in a while it is necessary, he thinks, *to open a vein in the arm, while the patient is expectorating blood;* but in general, this should be postponed until the bleeding ceases, when it will often be found that the pulse becomes full and hard, the skin hot, and there is a sense of oppression about the chest. Under such circumstances, the abstraction of blood should be resorted to

from a vein in the arm, when it will generally be found to be covered with a buffy coat. Gregory refers to the practice of Dr. Miner, who was in the habit of using venesection in active conditions of the circulation, followed by from three to five grains of capsicum. These two remedies, he says, often acted like a charm.

Dr. *Mason Good* makes a distinction between hemorrhage proceeding from general plethora, and that connected with phthisis, or a strumous diathesis. His distinction applies only to the prognosis; caused by general plethora, there is no reason in his estimation to prognosticate danger. On the contrary, he thinks great relief to an engorged liver, or obstructed menstruation, have followed discharges of blood from he lungs. His treatment is the same, it matters not with what constitutional taint the system is affected. *Venesection*, if the hemorrhage is active, he regards as one of the most important steps towards a cure.

Eberle, who stood so high among us a few years since, is very positive in his directions in regard to the abstraction of blood. He says little in regard to the connection of the disease with tubercle, but gives his directions indiscriminately. When the pulse is frequent, tense, or hard, the momentum of the circulation, he says, should be immediately reduced by venesection, and to do this correctly, he adds, it is often necessary to abstract blood copiously. For the chronic form of the disease, he suggests other remedies.

Dungilson, who has written on the practice of medicine with considerable care, makes some distinctions, as it regards the cases proper for blood-letting. In very many cases he suggests that blood-letting is unnecessary to arrest the flow, ventilation, posture, &c. being all that is proper.

But, he remarks, where there is evidence of hyperemia, or of plethora, the quantity of the circulating fluid must be diminished, otherwise the hemorrhage will be likely to occur. In an other connexion, he states, that when there is a sense of heat or pain in the chest, cough, dyspnœa, and the pulse be at the same time full and hard, *blood-letting* may be practiced at the discretion of the practitioner. We explain the *modus operandi*, upon the principle of revulsion.

Watson, before speaking of the treatment, considers the different varieties of pulmonary hemorhage, and notices in a very special manner its frequent connection with tubercle. Very commonly, he suggests, there is a distinct febrile movement, accompanying the hemorhage; the heart beats with

increased force and frequeucy; the cheeks are flushed; the skin is hot; sometimes the pulse is hard, full and bounding, giving rise to what he says the "*people*"! call a *hemorrhagic pulse.* In giving his views of the treatment he says that hemorrhage sometimes works its own cure; but he states that it is better that we should cure the bleeding, than that it should cure itself—that we should diminish the congestion with which it is linked through the safer channels afforded by the veins of the arm.

Wood gives the subject of hemoptysis in general, and also the form we are noticing, a very careful consideration. He regards the disease as depending on several causes—bronchial or pulmonary inflammation, organic diseases of the heart, aneurism, supppression of habitual discharges, and phthisis. When occurring in connection with phthisis, he thinks the tuberculous predisposition constitutes also a predisposition to hemorrhage.

With respect to the treatment when associated with a scrofulous or tuberculous diathesis, the author is more sensible than any we have examined. While he recognizes the propriety of bleeding in hemoptysis connected with a robust constitution of the system and other signs of plethora, or in active congestion of the lungs, he cautions against the indiscriminate use of the lancet when there is evidence of the existence of tubercles or a strong tendency to them. He does, however, seem to admit that these states of the system even when tuberculosis is manifest that may require the loss of blood in small quantity. In general, however, this author thinks it better to leave the hemorrhage of consumptive individuals to nature than to treat it with a free and indiscriminate use of the lancet. In favor of this course he invokes the aid of his own experience. He says that he has frequently seen individuals with tubercular tendencies recover from attacks of hemotysis without doing anything for the complaint, and live along in the enjoyment of ordinary health for years; whereas, he believes, that if such had been freely depleted with the lancet their days would have been shortened.

We might give the opinions of a still greater number of authors; but we regard those we have brought forward as presenting a very fair specimen of what has been and now is the doctrines of the profession.

It will be noticed that a majority of those to whom we have alluded have not made any difference in the treatment of the different kinds of hemoptysis. That variety associated with

tubercle seems to be treated in no decided respect different from that connected with plethora, or a firm rigorous condition of the general system.

While there appears to be a great unanimity of opinion in reference to the necessity of using the lancet, it seems, nevertheless, that there are scarcely any two authors that agree as to the exact character of the indications that are to be fulfilled by the measure. Cullen, as we have seen, makes a phlogistic diathesis the principal condition of the system in hemorrhage. He thinks that it seldom, if ever, takes place unless there is an excess in the quantity and quality in the circulating fluid; such being his views no one can object to his remedy. Several others think that the principal trouble consists in hyperemia or congestion of the pulmonary tissue, and hence they practice venesection, from the arm or foot, in order to produce a revulsive effect upon the blood. Watson says there is a certain conditton of the pulse which requires the use of the lancet. In his usual flippant kind of style he calls it the "*hemorrhage*" pulse. Sometimes he says it is quite hard, full and bounding, and then the "*people*"! he says, calls it a *hemorrhage pulse.* He don't tell us whether it is the common people or the professional "people." If the former, they certainly belong to the "*Progressives*;" if the latter, we have not yet met with any of them. We have noticed that there are about sixty different modifications of the pulse enumerated by our elementary writers. Among them, imaginary, as many of them are, we find nothing that sounds like a hemorrhagic pulse. Nor have we ourselves been able to conceive of any movement of the external system to which such a name could be properly applied.

The objects of bleeding, says Wood, are two-fold, first to diminish the tensions of the vessels by lessening the quantity of the circulating fluid, and the force of the heart's action, and secondly, to alter the character of the blood. The indication for the first of these effects he thinks is quite obvious. To accomplish it as effectually as possible the blood should be withdrawn suddenly by a large orifice, so as to bring on if possible a slight tendency to faintness. The second effort, that of altering the character of the blood, has for its object the diminution of the red corpuscles, for it seems to be taken for granted that they are always in excess.

To say that in order to understand anything in regard to remedies, or the propriety of their application to certain diseases, or forms of disease, requires that strict attention should be paid

to the alterations in both the solids and fluids, for the correction of which they are exhibited, would be to repeat what is universally known; and yet it is of importance to be reminded that we sometimes investigate the relation too imperfectly.

In tuberculosis, with which hemorrhage is connected as a complication, we have rather a uniform series of changes, not only in the lungs but in almost every organ or tissue of the body. This state of things is too familiar to justify a recapitulation, further than what is merely necessary for our present purpose. Instead of being a local disease as was once supposed, tuberculosis is a general one, affecting both the solids and fluids in every part of the body, but betraying a preference for spending its principal force upon particular organs. The deposition of tubercular matter appears to be the result of a certain modification occurring in textural nutrition. At certain points, the cell-germs, by which textures are renewed, are more or less imperfect, and as a consequence, granular matter is deposited from the plasma, which gradually hardens without the development of cells or fibres. A single granule becomes a nucleus which attracts to it other matter of similar character, and, in this way, tubercles are formed which may be cacoplastic or aplastic according to the amount of vital force connected with the process.

Whether the matter of which tubercle is composed, is the result of a degeneration of the tissues in which it is usually found located, or is a deposit from the blood, is a question not very easily solved. Hippocrates, Aretæus, Morgagni, Ferrel, ascribe the formation of tubercle to the concretion of a thick, viscid fluid, poured out by the vessels of the affected part. By others, among the ancients, tubercles are looked upon as lymphatic gangleons, in a state of enlargement. Some modern authors concur in this opinion. Dr. Rush regards them as collections of inorganic mucous. An eminent English physician, Baron, contends that they are animalcular products. It seems to be true that hydatids have been found in connection with tubercles in some of the inferior animals, and Louis and Andral have occasionally met with such associations in the human lung. The fact, however, that such occurrences are so exceedingly rare, lends strength to the conclusions that the position is sophistical.

Nothing, indeed, is better settled, than that tubercular matter, whatever be its site, form or consistence is a direct product of the blood. Physiological and pathological analogies strengthen this view.

The physical properties of the blood in phthisis, or in a phthisical diathisis, furnishes some suggestions with reference to the enquiry before us.

To all it is known that the blood of phthisical patients exhibits the ordinary characters of inflammatory blood; and hence, the disease is classed among those to which the term hyperinoses is, by modern authors, applied. By no means, however, is it true that the blood exhibits all, and to their fullest extent characteristics, such as we usually find in the phlegmotic. In the first stages of the disease, the blood is rich in fibrin, and poor in corpuscles; the clot is small, consistent, and covered with a buffy coat. As it progresses, changes occur. While the turbercles are unsoftened, the increase in fibrin is small, and the decrease in corpuscles not very great. At the period of softening of the turbercles, and the formation of vomica, the fibrin rises to its maximum, doubling in many instances the healthy standard, while the corpuscles decrease in a similar proportion. At the approach of the last stage of the disease, this state of things becomes materially altered. The fibrin is then often found below the healthy standard.

While these physical properties of the blood are generally found to exist, in most cases of phthisis, there seems to be a still greater deterioration in cases characterized by hemorrhage. By the highest authority we are assured that hemorrhagic blood differs in no material respect from that of the pyrexia. Generally the clot is large, soft, and but little disposed to form a veritable coagulum. Between this dissolved state of the blood, and certain morbid phenomena, a relation exists which is not without meaning. For years, perhaps, preceding the first discharges of blood from the lungs, the skin commences loosing its color, the muscles their round plump form, and the body its uprightness and vigor of motion. In connection with this state of things, emaciation, want of energy in the function of calorification, perverted secretions, etc., are usually observed indicating in a very positive manner, both cachexia and cachemia.

Indeed, we are assured by Andral that the grand condition of the blood favorable to hemorrhage, and without which, perhaps, no form of the disease takes place, consists in a diminution of the fibrin relatively to the globules. So, generally does this appear to be the case that it is impossible to regard the facts as in any other light than as cause and effect.

The diminution of fibrin relatively to the corpuscles takes.

place in two conditions of the blood. In one the fibrin preserves the normal standard, while the globules are much beyond the ordinary limit of the physiological state. This is what is usually called "*pactive*" hemorrhage, and is found in connection with plethora of the general system. The other condition consists in having less fibrin than natural, while the globules vary but little from the usual quantity. This is what is called "*assive*" hemorrhage, and is the kind that obtains in scurvy, chlorosis, and in the pyrexia of the adynamic type. Andral believes that the blood in neither case presents the buffy coat, unless complicated with inflammation. The clot is usually large in consequence of the abundance of red corpuscles, and soft from the deficiency of fibrin.

What it is in the habits of an individual, that gives rise to a deficiency of fibrin in the blood, is not, so far as we are acquainted with the subject, understood. From the fact that alkalies destroy the power of the blood to coagulate, it has been supposed that the blood of hemorrhagic patients contained an excess of this substance. Were this granted to be true, we should still be at a loss to know how it is that a deficiency of fibrin prepares the blood to pass from the capillary vesesls to the surface of mucous membranes. What is there in fibrin, more than in some of the other constituents, that can exercise an anti-hemorrhagic influence?

We come now to enquire briefly into the effects of blood-letting in the disease before us; first, upon the general system; secondly, upon the blood itself. Upon the system at large, blood-letting cannot be anything else than debilitating. Whatever, of course, withdraws from the system the elements that go directly to build it up and sustain it, gives rise to weakness, want of tone and energy. In truth the effects are not unlike those connected with the process of starvation. In the one instance the sustaining principle is not taken into the system at all; in the other it is, but before reaching its destination, it is abstracted from it. But why elaborate on a principle so perfectly plain and one with which all are so familiar. The measure, as all know, has been invoked in every period of the profession, to take off the phlogestic diathesis, to weaken the system, to produce debility direct. Bled regularly for a certain length of time, the flesh and fat diminish in quantity and quality, the surfaces becomes pale, and the nervous system gives evidence by vertigo and convulsions, that the process of destructive assimilation is covered in with a great degree of morbid activity.

Upon the blood itself, the effects of blood-letting are now much better understood than formerly. At one time it was supposed that all the constituents of the blood were alike diminished by venesection. More, even than this. We supposed that by depletion, we could very certainly remove from the blood its inflammatory element, the fibrin, and thereby hasten the crisis of a disease. Now the problem, as to how far bleeding, repeated more or less frequently, has the power to remove the excess of fibrin, has, in the estimation of some of our most industrious cultivators of the science, been pretty well solved. Andral asserts that, however abundant, or frequently repeated the bleedings, the fibrin continues undiminished. He adds, "when once the blood is set about producing an excess of fibrin, no matter what is done, a certain length of time must elapse before this disposition is exhausted. Taking it for granted that we have an excess of fibrin, or that the disease before us is connected with a phlogistic diathesis, abstractions of blood would not remove the trouble. This, however, as we have seen, is not the case; the blood is in an impoverished condition, has less fibrin and corpuscles than natural, and those already professing a relation to each other that favors hemorrhage; for, as has been previously shown, the tubercular pre-disposition constitutes also a pre-disposition to hemorrhage. Considered, therefore, in any light, the remedy can have no other effect than that of coinciding with the disease."

As has been seen, there is an excess of corpuscles in the hemorrhagic diathesis, and it is supposed that it is to this circumstance, in some measure, that the disease is due. Wood, careful and judicious as he seems to be in writing on this subject, is, nevertheless, simple enough to found one of his reasons for depletion on this imaginary circumstance. In certain kinds of hemorrhage, this excess is positive; as for example in that connected with a full plethoric condition of the general system. But in the complaint about which we are speaking, it is only relative. The globules are at, or near the healthy standard, while the fibrin is much below this. Now venesection, reducing the corpuscles and leaving the fibrin in a measure, unchanged, must have the effect of carrying the morbid relation between the fibrin and corpuscles still further beyond the physiological state, and thus favor the alliance of the blood to the condition which actually obtains in hemorrhage.

Viewed, therefore, in any aspect it seems that venesection

as a remedy for the variety of hemoptysis, associated with tubercle, is not only useless, but not calculated to fulfill any indication connected with the complaint.

As we have now shown that the practice of venesection is not applicable to the malady, it may be enquired what remedy can be suggested that is efficacious; or is the disease one of those to which it is proper to apply the term *opprobrium medicorum?* We are not among those who look forth in the resources of the science; it matters not with what a patient is affected. Not that we believe that the physician is *fully armed* for every engagement with the enemy. By no means. He meets with many enemies, which, although unable to conquer, he can, nevertheless, so manage as to evade their destroying influences.

To drop the figure, we think the plan of abandoning the disease to nature, much more likely to prove beneficial, than the practice we have been considering. This, however, would be the opposite extreme, one of the places where truth is seldom found to reside.

As auxiliaries to venesection, drugs of various kinds, and of almost opposite properties have, at one time or other, had more or less reputation, administered either at the time the blood is flowing, or during the intervals that usually elapse. Common salt, cayenne pepper, nitrate of potash, tartar-emetic, are pretty fair samples of what have been recommended. These articles, like venesection, have been recommended, rather indiscriminately, for every variety of hemoptysis. One author seems to have copied them into his work and recommended them merely because he finds them suggested as being proper by a previous one.

In the form of complaint before us, some precision is required. There is a positive condition of both solids and fluids; and articles, differing as widely in their properties as as cayenne pepper and tartar-emetic, cannot be supposed to be applicable to the same conditions of the system. The disease, as has been seen, is connected with both cachexia and cachemia, and any thing entitled to the character of a remedy should be suited to the indications which an analysis of such states present.

At the time that the blood is flowing it may be safely stated that there is nothing which can exercise very much influence. Most that can be done with any reasonable prospect of success, will have to be done during the intervals that usually elapse. As, however, the period, during which the flow of blood is

taking place, is always one of intense interest to both patient and physician, something is required for immediate relief. What would promise as much as anything else under such circumstances, would be cool air to the chamber of the patient, and revulsions of the most active character. The condition, it should be recollected, is not one in which there is an excess of blood in the system, but one in which there is for the time being, too much in the lungs. Hence, something to direct the circulation from the lungs, as hot applications to the inferior extremities with cold water or ice to the chest would seem to be advisable. When revulsions are not speedily efficacious, and the flow of the blood is portentious hemoptisis, the application of ligatures to the extremities, would be an important measure. If there is any drug that is applicable here, we should suppose it to be opium. Nothing would be more likely to quiet the anxiety of mind, or to allay the irritability of the heart and arteries and thus bring about an equilibrium.

After the flow from the lungs has ceased, measures should be instituted to prevent a similar recurrence. These should be addressed to improve the condition of the general system and alter the character of the blood. Of the things proper for the system, we know of nothing more likely to exert a beneficial effect than measures and drugs calculated to affect favorably the condition of the functions of circulation, digestion and assimilation. If compatible with the condition of the digestive organs, free living, the use of animal and vegetable articles, rich in the protein compounds should be adopted. In addition to such a course of living there are a number of medicines, that from their known theraputic effects, ought, and really do have character under such circumstances. We allude to the preparations of iron, the mineral acids, vegetable tonics and cod-liver oil.

Besides such treatment of the system, something also seems to be required for the blood. The object here, should not, as Wood suggests, be to lessen the number of corpuscles, because, as we have seen, their excess is only relative; but it should be to increase the quantity of fibrin, the deficiency of which constitutes the most essential element of the disease.

The process by which fibrin is increased, is rather indirect. According to the present doctrines, it is the result of a metamorphosis of the corpuscles and the amount always varies inversely with the mass of carpuscles; or, in other words, the more carpuscles there are, the less in quantity is the fibrin,

and *vice versa*, If this view be correct, the treatment having for its object an increase of fibrin, must consist of measures or drugs, not designed to diminish the corpuscles, the material out of which fibrin is to be formed, but to hasten when the corpuscles are in excess, their change into fibrin. The measures that we have spoken of as applicable to the system at large, such as free living, the vegetable and mineral tonics, etc., are proper here. It seems that the carpuscles principally consume oxygen during their change to fibrin. This circumstance would suggest the propriety of adopting habits favorable to the supply of oxygen—as for example all the exercise compatible with the strength of the patient would seem to be advisable.

We have now passed briefly through this subject, and we are forcibly impressed with the conviction that we have given it a very imperfect consideration. As we progressed points were developed highly pertinent, but the elaboration of which would have increased the length of this paper much beyond what was originally designed. To investigate the subject thoroughly would involve a consideration of the whole subject of tubercle, as well as a review of all the facts, microscopical and chemical, connected with the general subject of hemorrhage. Enough, perhaps, has been done to call the attention of the profession to the plan of treatment hitherto in use, and which we have attempted to show is unscientific according to the present state of medical science.

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## *Case of Obstructed Labor.* By S. G. MENZIES, M. D.

The following case offers a point new to me in the practice of obstetrics; nor have I seen anything mentioned of the kind in the books. If you think the profession may derive any benefit by its publication, you can give it a place in your journal:

Was called, March 22d, to Mrs. Gunning, on Lower Market street, about 10 o'clock, A. M., found her in the first stage of labor, irregular pains had commenced the night before. Her system was in good order. Her make that of a well formed, moderate sized Irish woman, used to work. Presentation 1st position of Bodaloque, and the labor progressing fairly. Returned in haste at ½past 2 o'clock, P. M., found the child's head advanced to the pelvis; during the examination the membranes broke and a small quantity of water escaped.

The pains were now regular, powerful and the uterus contracting in the best way for a speedy and happy delivery, with a small amount of liquor amnii flowing at each pain; a few pains protruded the scalp ¼ of an inch beyond the vulva. I felt so confident that all would soon be over, that I so assured the mother, but much to my surprise, things remained just as they were until 7 o'clock, a period of 4½ hours; the pains and contraction of the uterus not flagging a particle; during all this time I was expecting the head to pass under the arch at every uterine effort, but its firm and steady condition, began to make me fear some obstruction might exist. A more careful examination did not show any contraction of the inferior diameters of the pelvis. The relation between the head and the straight appeared natural.

I then forced the index finger under the arch and around the occipital portion of the head and discovered the parietal bones so overlapped that their posterior superior angles were forced under the superior angle of the occiput and the superior angle of the occiput sticking out like a knob, coming in direct contact with the pelvis, thus causing a positive obstruction to the passage under the arch. I placed my finger above and half round the knob, and pressed firmly downwards and outwards, making all the traction I could by maintaining this force for the time of two pains. I had the pleasure, at the second one, to feel the knob *give* under the pelvis and the head pass out. Balance of the labor terminated well.

There was a great elongation of the head and a crease in the scalp along the course of the lamdoidal suture. The face gave evident signs of compression of the brain, feeble efforts to inspire were made at long intervals. Severed the cord and suffered some blood to run, inflated the lungs, supplied hot cloths to the stomach. The child struggled for existence until next day, but died without fairly establishing life. It was rather under medium size, except in length, which was more than usual.

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## *A Case of Acute Rheumatism Treated with full doses of Quinine.* By W. M. HOUSTON, M. D. Urbana, O.

On Wednesday afternoon I was called to visit Miss G——, eight miles north-east of this place. On my arrival I obtained the following history of the case. The patient (16 years of age) was attacked on the previous Saturday with

acute-rheumatism of a very severe character. On Sunday Dr. Johnson was called in, and for three days applied the usual remedies for rheumatism, viz: Bleeding, mercurial purgatives, opium, tartar emetic and colchicum, without any good effect; in fact the patient grew worse from day to day, until I first saw her, when she was unable to move hand or foot; as the least motion caused extreme suffering. Her pulse was one hundred, full and strong, joints somewhat swollen and slightly red.

What course to pursue with a prospect of affording relief, after the failure of nearly all the anti-rheumatic remedies, was a question in regard to which physicians might well be excused for differing in their opinions. Dr. J. was in favor of further venesection, and taking the pulse as a guide, this measure seemed not only warranted but positively indicated. As, however, she had already been bled twice, I was fearful metastasis might result from the further loss of blood. I suggested the following treatment, (which, although seemingly empirical, was acceded to by Dr. J., as the usual remedies had most signally failed), viz: 8 grs. quinine, 2 grs. opium, and 2 grs. ipecac every third hour, unless symptoms of narcotism should supervene; chloroform liniment to be applied to the joints; lemonade to be drank freely. I agreed to see the patient the next day, but being called in the night to attend an obstetrical case (eight miles from town, in another direction), which proved to be a very tedious labor, I did not see her again until Saturday morning, when I learned that in the course of the first twelve hours she took 40 grs. quinine, 10 grs. opium, and 10 grs. ipecac; used 1 oz. of liniment to the joints, but did not use the lemons. She rested well through the night, and in the morning felt greatly relieved. During Thursday and Friday she took about 20 grs. more of quinine, and enough colchicum to open the bowels. When I saw her on Saturday morning she was able to walk about the room—was entirely free from pain; pulse reduced to 70, of moderate force, and with the exception of a slight stiffness of the joints there was no evidence that the patient had ever had an attack of rheumatism.

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*Aphonia of Twenty Months Standing, Relieved by Iodine Inhalation.* BY EDWARD B. STEVENS, M. D. Lebanon, O.

In a communication to the American Medical Association, in its Vol. of Transactions for 1850, Prof. Pancoast has given

the record of two cases of loss of voice. The one of six, the other of seven months standing, both cured by inhalation of a dilut. clorine vapor.

In connection with these cases, Dr. Pancoast remarks: "The form of aphonia here alluded to, is that which many practitioners must have met with, following an ordinary cold, without leaving any perceptible organic lesion in the pulmonary apparatus. The voice is reduced to a faint hoarse whisper, distinguishable only at the distance of a few feet, and at continued attempt to talk, though it gives no pain, becomes quickly attended with a feeling of fatigue, as though there was some obstruction to the passage of air through the larynx. In breathing merely, there is little or no difficulty, in these cases, as the individuals are capable of undergoing considerable exertion without very unusual signs of fatigue. The difficulty has appeared to me to be in the paralyzed condition of the muscles of the larynx, whose business it is to dilate the rima glottidis, during the act of articulation."

The conclusion of Dr. Pancoast is, that such agent as will excite a healthy and proper degree of stimulation in the affected structure ought rationally to restore the power of articulation. He consequently used the dilut. clorine vapor, with entire success in the two cases referred to,—at the same time suggesting that iodine, or other similar agents would doubtless produce a similar effect.

The following case of this kind lately occurred in my practice, chiefly remarkable from the long duration of absence of voice, being twenty months, in other respects similar to those related by Dr. Pancoast.

*April* 6, 1853.—Miss —— applied for medical advice and treatment, in a case of loss of voice, of twenty months standing, supervening upon a slight attack of influenza. Has been subject to brief attacks of hoarseness, lasting for a few days at a time, for several years. General health delicate. Since the present attack, has been subject to a great variety of treatment, including the application of nit. silv. in strong solution, within the larynx by means of the sponge probeing. Nothing, however, producing any effect upon the voice. I find upon careful examination, no especial evidence of disease in the fauces; there is an entire inability to produce sound of any description with the proper vocal organs; all attempts at speaking are made with the lips—*whispering.* But not being able to divest myself of the idea that a follicular inflammation of the throat and bronchial tubes was the cause

of the mischief in some way, I commenced the treatment by directing the inhalation of nit. silv. prepared with the lycopodium, as an inpalpable powder, and inhaled by means of the apparatus introduced by Dr. Ira Warren. This treatment was faithfully persevered in for one month, with no better results than the previously tried remedies.

*May* 7.—Acting upon the idea suggested by Prof. Pancoast of paralysis of the muscles of the larynx, I now determined to try the iodine vapor. I accordingly selected an apparatus, consisting of a metalic vase or urn, with a close fitting cover, flexible tube, and mouth piece attached, (used some years since for breathing medicated vapors in the treatment of consumption). And directed my patient, after filling the vessel half full with hot water, to drop in 20 drops *tinct. iodine*, and inhale the vapor produced by the heated water. Inhalation to be repeated once to thrice daily, according to the irritation or effects, otherwise, produced. The first inhalation produced great nausea for a short time, and copious bloody expectoration, but accompanied by an almost immediate, though partial restoration of voice. The dose of iodine was directed to be reduced to 15 drops; and thereafter no unpleasant effects were produced. The voice continued to improve steadily under this treatment, until at the end of a week it had acquired the natural fullness and distinctness of tone.

*June* 15.—More than a month has elapsed since the restoration of voice; it continues distinct and natural.

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*Criminal Abortion, and Trial for Murder.* By M. J. W AMBROSE, M. D., of Wyoming, Ky.

On Wednesday evening, the 9th day of March last, I was called to visit Mrs. Matilda McKinnavan, a widow lady, at her father's, Mr. Elisha Bradley, of Bath County, Ky., about 1½ miles n. w. of Wyoming.

I found Mrs. McKinnavan suffering with severe pain in the hipogastric region, and very tender to the touch with some fullness. Tongue red around the edges, tip, and running back about half way in the middle; remaining portion white. Thirst considerable. Pulse, 100 beats in a minute, full and firm. Bowels had been moved that morning. Micturition normal. I interrogated her relative to her catamineal discharge. She said, she "had caught cold, and her courses had rather stopped."

From the manner in which she complained, I was conscientiously impressed with the opinion that she was laboring under the agonizing pains of abortion; and, I was about to enquire of her if such was not the case, when I reflected that she was a widow, and that her husband had been dead for several years, and knowing nothing derogatory to her character, I forbare asking any questions on that subject, for fear of offering her an insult: and determined to treat her case as enteric inflammation, at the same time, believing other organs than the bowels to be involved in the disease within the pelvic region. Consequently, I treated the case accordingly up to Friday evening about 11 o'clock; I being present, she called me to her bed-side and asked me if I thought I understood her case. I replied, I did, so far as she had made her symptoms known to me, and that she was "laboring under inflammation of the bowels." She replied to me and said, "on last Sunday I went to Mrs. Boyd's on Flat creek, to get her to procure an abortion for me, as I was then in the family-way." I asked her what Mrs. Boyd gave her. She said "nothing, but pressed and squeezed the lower portion of my bowels hard, and rubbed down," (making motion with her hands in imitation of the old woman,) "which gave me much pain, and she also greased her finger with some kind of ointment and introduced it into my privy parts. Mrs. Boyd told me there was no danger, for she had done many (!) a one that way, and they could go about all the time; at any rate, not lay up more than a day or two. I asked her if the child had come away. She said, "it came away on yesterday." How old do you suppose it was? "about nine weeks, and Mrs. Boyd said if I had waited until the child would have been about three months old, she could have succeeded much better, it being so small she had to press hard to feel it. I also paid her fifteen dollars for her services."

This declaration she made to me, apparently in perfect mind, and afterwards to her mother in the hearing of her brother, about three hours before her death.

The case terminating as a criminal one, in my opinion, I believed it my duty to have the body examined by some reputable physician, not only on account of my own reputation, but also for the suppression of crime. I, therefore, obtained permission from the friends of the deceased to have the body examined, and then called to my aid, Dr. Harris of Sherburne, Ky., who brought with him young Dr. Roby.

Autopsis—Saturday March 12th, 7 o'clock P. M., seven-

teen hours after death, post mortem was commenced by Dr. Roby, by incision from superior spinous process, of one ileum to that of the other, and from the incission down linea alba to symphisis pubis. The flaps of each side turned down. Found peritoneum inflamed, especially that part on the uterus and posterior part of the bladder. There was estimated about one quart of serum, with some curdy-like substance, or coagulated albumen floating in it, contained within the cavity of the abdomen. The small bowels were in a portion of their extent congested, paticularly that portion found about mid-way below the umbilicus, and descending the cavity of the abdomen about six inches, and extending about as far in a transverse direction, especially the *anterior* portions. The blood-vessels distended with blood of a bright red color. Arch of colon healthy, but, the sigmoid flexure inflamed and of a very dark color. The thighs were bloody. Dr. Harris removed the vagina and uterus together from their location, and attachments with the scalpel, and on cutting open the vagina it was found to contain blood, and was contused on one side—The uterus was enlarged to about five inches in length, and three inches in width, its walls about one inch thick, and contained clots of blood. On its internal surface near the mouth of fallopian tube, was found a net work or celular spot about the size of a shilling, somewhat oval, perhaps the placental attachment. Bladder was healthy and empty.

Dr. Harris took the ovaries home with him, and reports to me, as the result of his investigations, the following: "The left ovary was of the normal size, and presented nothing unusual in any way, save the inflamed condition of its peritoneal coat. The right was one third larger, darker, much more vascular, and in it I found a true corpus luteum; about ⅜ of an inch wide by ⅝ long—in short presenting all the characteristics of a *true* corpus luteum, according to Montgomery in the cyclopedia of practical medicine, Taylors medical jurisprudence, and several other works in my possession. The *cavity* of the corpus was filled with a tenacious albuminoid substance in process of cicatrization."

The civil authorities hearing of the case, laid it before the Grand Jury of Circuit Court, of Bath County Ky., Judge Moore presiding, which held its Spring term a few days after the sad and melancholy occurrence. A true bill was found by the Grand Jury against Mrs. Boyd for murder. His honor, Judge Moore had her summoned immediately to appear in ourt, to answer to the charge.

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More than one hundred jurors were summoned before a jury could be obtained. After the Jury was sworn; I was called and sworn as witness in the case. I proceeded to give a history of the case up to the confession of the deceased woman; when, I was instructed by the Judge that, her dying declaration could not be received as testimony against the accused unless, it was "made under a solemn conviction of impending dissolution. Because, the accused was not present to institute cross examination. And, if an individual was to receive a gun-shot wound, and call me in as physician to administer to his relief, and in order to make me more *thoroughly* acquainted with his case, was to tell me a certain man had shot him, it would not be evidence against the accused."

Notwithstanding, it was our opinion that she believed she would die, yet, she did not express herself to us, and not being able to know the "solemn convictions" of her mind only as she expressed them to us, we could not swear that she made the declaration "under a solemn conviction of impending dissolution." Therefore, the Prosecuting Attorney D. B. Lacy was compelled to enter a *nolle prossequi.*

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*A Case of Fracture of the Skull with Injury and Abcess of the Brain.* By M. T. CAREY, M. D., Resident Physician to the Commercial Hospital.

Samuel Long, æt. 29, teamster, was admitted into the accident ward of the Commercial Hospital at Cincinnati, Ohio, on the 7th of March, 1853. About ten weeks since got into a skirmish and received a blow upon the right side of the head, which was inflicted by means of a brick-bat. On the the reception of the injury he fell insensible, and remained in that condition for two or three days; after which he recovered, but very slightly. There was paralysis of the left superior extremity, and this has been constant ever since. Has not been able at any time to give a satisfactory account of his case. The wound in the scalp, which was, (judging from the cicatrices) about three or four inches in length, is now healing up, all but a small orifice, which discharges purulent matter.

On examination it was found that there was two fissures traversing the right parietal bone, and intersecting each other at nearly right angles; and at their junction was a perforation in the skull, through which was passed a probe to the the ex-

tent of two and a half or three inches, with but little or no resistance. Is very restless at times, and muscular agitation great; complains of great pain in the head; right pupil dilated, and the left contracted; breathing stertorous; pulse small and frequent; extremities cold and clammy; tongue dry and coated, and when protruded from the mouth it is drawn to the right side, owing to the paralysis of the muscles of the left side of the throat and tongue; urine passes involuntarily; bowels constipated; took calomel, gr. x.; pulv. rhei gr. x, to be followed in six hours (if bowels not moved) by injections of ol. ricini ℥ij; ol. terebinthina, ʒj; mucil gum acacia oj.

*April* 8.—Bowels moved four or five times yesterday afternoon; tongue brown and dry; is not quite so restless as yesterday. ℞. Apply a blister to the nape of the neck, and warmth to the extremities, and anodyne at night.

*April* 9.—About the same as yesterday; bowels moved once last night; rested quite poorly; is in a comatose condition; answers questions incoherently; skin hot and dry; tongue dry and red; pulse 100, full and strong.

At 10 o'clock, A. M., the operation of trephining was performed. On laying open the scalp, cellular tissue, apponurosis of the occipito-frontalis muscle, it was found that the bone was dry and of an ashy gray color, and that the precranium was detached as far as the fissures extended. There was three portions of the skull removed about one inch in diameter, besides some small spicula of bone; one of which had penetrated the membranes of the brain, and had passed into its substance to the extent of about one inch and a quarter. On exploring the wound in the brain there was a large abcess found which extended deep into the substance of the right hemisphere. This wound was dressed by stitches, adhesive strips, compress, cold water dressing, and bandage.

*April* 10.—Rested better last night; tongue red and coated in the centre; pupils nearly natural; pulse more full, but not so strong; complains of pain in the head; calls for water incessantly; bowels not moved since day before yesterday. ℞. Sul. magnesia, sol. senna, aa ℥j. aqua fer. oj. M. He took ℥ij. every two hours, until his bowels were freely moved.

*April* 11.—Pulse more frequent; bowels moved three or four times last night; skin hot and dry; is more conscious this morning than he has been since he received the injury; gives a correct history of himself; mode in which he was hurt, &c.

*April* 12.—Did not rest well last night, but slept some today; talks wild and about imaginary objects; bowels not moved since yesterday morning; thirst not so great; pulse 136, with but little force.

*April* 13.—Bowels moved freely last night; did not rest well; pulse frequent and small; is unconscious of anything; does not recognise any person; has hiccough and flocitation; head swollen in the side of the wounds; respiration 30 in a minute. ℞. Continue cold water dressings.

*April* 14.—Is not so restless this morning; slept some last night; there is greater tumefaction of the side of the head than yesterday; the tumor is about 2½ by 4 inches in diameter; it has the appearance of a portion of the brain, or fungus of the cerebrum; bowels not moved since yesterday; tongue coated, brown; pulse 130, quick and weak.

*April* 15.—Is about the same this morning; the tumor on the side still continues to enlarge; there has been some hemorrhage from the wound or tumor; it has a very offensive odor; pulse weak and fluttering; pupils dilated; respiration hurried.

*April* 16.—Died last night at 11 o'clock. On post-mortem examination it was found that the tumour from the brain on the right side of the head was completely sphacelated. The bone through which it protruded was, to some extent, denuded of periosteum, discolored, and separated by a distinct line of demarkation from the healthy bone; pus was found beneath the dura mater, running backwards from the abscess. The membranes were perfect to the commencement of the fungus, where they were lost in the sloughing mass.

A small quantity of pus was also found external to the arachnoid, in the right anterior lobe; a broken mass of red, brown, and curd like matter, to which the fungus was connected, extended to the right ventricle, and opened into its cavity. A considerable quantity of pus lay between the arachnoid membrane and the brain, at the base, over the upper surface of the cerebellum, and beneath the middle lobe of the cerebrum.

The corpus striatum, and thalamus opticus of the right side were softened and slightly disorganized. The left hemisphere and its appendages were normal throughout their entire extent.

# Proceedings of Societies.

## *Pathological Society of London.*

*Complete Closure of the Pulmonary Artery.—Cyanosis.*—Dr. Hare presented a specimen of this malformation, taken from a child who died at the age of nine months. During life, the limbs were colder than natural, and of a dusky hue. Whenever the child coughed, or was moved much, he became distinctly blue. There was nothing unusual in the conformation of the chest, but close to the left nipple a purring tremor was detected, and at the apex of the heart a moderately loud systolic blowing murmur was audible. A *post-mortem* examination was made twenty-seven hours after death. There were about two drachms of fluid in the pericardium. The right auricle was much dilated and filled with blood. The foramen ovale was patulous, but extremely small. On cutting into the right ventricle, it was found that the carneæ columnæ were fused almost into one mass, so that this part of the right side of the heart was nearly solid. Towards the base of the ventricle, rudiments of the tricuspid valves were discernible, hanging into a cavity no larger than a moderate-sized pea. The pulmonary artery measured rather more than an inch in circumference at its middle, but the ventricular extremity terminated in a cul de sac, where there were some minute folds, probably rudiments of the pulmonary valves. At its upper extremity the vessel communicated with the aorta in the ductus arteriosus, the orifice of which was capable of admitting a crow-quill. The right and left pulmonary arteries were given off from the main trunk as usual. The left auricle was somewhat contracted, but the remaining structures of the heart were in their normal state. Dr. Hare remarked, that although instances of complete closure of the pulmonary artery were not rare, yet he thought the present specimen was almost unique, as exhibiting so contracted a foramen ovale in conjunction with that malformation.

*Extensive Ulceration of the Stomach.*—Mr. J. R. Robinson exhibited the stomach of a woman, aged 26, who, for ten years, had suffered from violent pains in the right side and stomach, which extended to the shoulders. For some time before her death, she had been seized with vomiting after

taking food; and latterly had thrown up considerable quantities of blood. An examination of the body was made fifty-two hours after death. The liver was large and fatty, and adherent to the peritoneum, covering the abdominal wall and diaphragm, and attached also to the stomach. In consequence of this morbid connection, the stomach was girt round and apparently divided into two cavities. Upon opening the stomach its pyloric orifice was seen to be contracted, and the pyloric valve thickened. Upon the under surface of the organ was an ulcer, as large as a crown-piece, which had apparently passed through all the coats, and been finally arrested by the liver, which adhered to the stomach at this spot. Mr. Robinson observed, that the character of the ulcer was ambiguous, several circumstances speaking for, and others against, the probability of its being malignant.

The specimen was delivered to Dr. Brinton and Dr. Lionel Beale to examine. These gentlemen have since reported, that, after careful examination, they were led to conclude, that the disease was not of a malignant nature, but merely an example of a simple ulcer of the stomach.

*Almost Complete Obstruction of the Small Intestine from injury.*—Mr. Avery exhibited the intestinal canal of a man who died at the Charing-cross Hospital, under the care of Dr. Rowland. On the 3d of September last, a wagon laden with wheat passed over his epigastrum and chest. He was carried to the nearest place, where he passed the night. On the following day, he managed to walk home. He was admitted into the hospital December 31, 1852. The abdomen was much distended, and he suffered much from pain and spasmodic contractions of the bowels. His bowels were at times loose, and at others confined; and on several occasions he vomited stercoraceous matter. He was carried off by an attack of acute peritonitis, which supervened eight weeks after his admission, and five months after the receipt of the injury. After death, the peritoneal sac was found to contain a considerable quantity of muddy, flaky fluid, and the intestinal coils were everywhere adherent to each other by soft lymph. The omentum terminated on the left side in a round cord, as lage as the little finger. This cord passed over a large mass of small intestine, and underneath it, embracing in its passage the two extremeties of a convolution so closely as apparently to prevent all passage through it. The cord was seen to be firmly attached to the free edge of another part of the small intestine, and opposite to this attachment, there was a lace-

rated aperture as large as a shilling, which seemed to have only recently healed. Between the attachment of the cord and the opening of the mesentery, the calibre of the intestinal tube, about three or four feet from the termination of the ileum, was so reduced as scarcely to admit a crow-quill. Above the contracted opening the entire mucous membrane had been removed by ulceration for the space of an inch, and the other coats were thickened and amalgamated by inflammatory deposit. A very careful examination failed to find any ulcerated opening into the peritoneal sac.

Mr. Avery observed, that had an operation for the relief of the obstruction been thought advisable, the case would have added another to the many complications already on record in connection with obstructing bands, as the operator would certainly have contented himself with dividing the cord that passed over the convolution, and only discovered the real seat of disease after death.

*Fleshy Mole.*—Mr. Hutchinson exhibited a large "fleshy mole," which had been expelled by a married woman, 26 years of age, during an unusually severe attack of painful menstruation, to which she had been long subject. The specimen exhibited was as large as a fist, and was lengthened out into a shape resembling that of the unimpregnated uterus. It was of a firm texture throughout, and exhibited on section the aspect of a vascular substance, composed of tough organised lymph, in which were imbeded several small white bundles, about twice the thickness of a pin. These latter, when unravelled under the microscope, were seen to consist of fibrocellular tissue. The greater part of the mass had the structure just described, but at its lower and posterior part was a substance as large as a walnut, which resembled a decolorised blood clot.

Mr. Hutchinson questioned whether these formations always resulted from change in the structure of blighted ova, and believed they might originate in inflammatory exudation from the uterine mucous membrane.

*Neuroma of the Auditory Nerve.*—Mr. Toynbee exhibited a specimen of this affection, taken from a man, aged 73, who had been deaf for twenty years. The left ear was worse than the right. After death the tympanic membranes and other structures exhibited in both ears evidences of old inflammation, and in the left internal auditory meatus, besides the facial and auditory nerves, which were both in a healthy state, there was a tumor as large as a small pea. This tumor

was equal in its consistence to the white matter of the brain, and received at its posterior aspect a small filament from the vestibular nerve, while from its anterior part a small branch entered the cochlea. The tumour was composed of matter similar to gelatine, in which nerve tubules were observed to be distributed. Some of these tubules seemed to terminate in rounded extremities.

*Encysted Calculus.*—Dr. Quain exhibited, for Mr. J. E. Heath, of Newcastle-on-Tyne, an interesting specimen of encysted calculus, the shape of which was very peculiar. It had been removed by Mr. Heath's brother from the bladder of a boy of 14, who was an in-patient in the Newcastle-on-Tyne Infirmary. He had suffered with symptoms of stone for eleven years. The stone was felt distinctly by the sound. During the operation, however, it could not at first be seized by the forceps, or felt by the finger. At length it was discovered attached to the anterior wall of the bladder, close behind the pubes. It was seized with a pair of forceps, but on attempting to extract it, a portion, which proved afterwards to be a projecting knob, broke off, leaving the main part of the calculus in the bladder. This was ascertained by the finger to be included in a cyst, from which it was found impracticable to extricate it without incisions. The mouth of the cyst was therefore carefully slit up with a probe-pointed bistoury. and the stone was then extracted with the finger and thumb. After the removal of the stone the finger could be passed into the cyst as into the finger of a glove, and through its wall, the symphysis pubis could be felt above, and the descending rami of the pubis on either side. The patient made a favorable recovery.

*Aneurism of the Ascending Aorta.*—Mr. John Birkett exhibited a specimen of aneurism of the ascending aorta, taken from a man 40 years of age. He was admitted in Guy's Hospital, September, 1852, with a swelling on the right side of the chest, which pulsated synchronously with the heart, and extended from the first rib above to the fifth rib below, and transversely from the costal ends of the costal cartilages to their anterior angles. No bruit of any kind was audible. The man stated, that three weeks before his admission he was in sound health, there being no appearance of any swelling whatever. At that time, however, he was knocked down by a blow on the chest, and two days afterwards he perceived a small swelling at the right of the sternum. The swelling continued slowly to increase, so that in three weeks he was

obliged to desist from work, and seek admission into the hospital. His muscular system was well developed, and he described himself as having been capable of enduring much toil without fatigue. For the last eighteen months before his admission, however, he had suffered from pains in the right arm. He died March, 1853. On *post-mortem* examination, the tumor was found to extend from the clavicle to the lower edge of the sixth rib, and from the right border of the sternum to the outer margin of the pectoralis major. The pectoralis major and minor were spread out over the swelling. At the lower edge of the pectoralis major there was a soft spot, half an inch in diameter, through which a sanious discharge oozed after the integuments had been detached. The right lung was compressed, and adherent to the posterior surface of the aneurism. The pericardium was distended with bloody serum. Both its parietal and visceral layers were covered with a thick layer of plastic lymph. On tracing up the aorta from the left ventricle, an oval aperture was discovered on its anterior and right lateral wall, which led into a large aneurismal sac. This orifice was placed just below the origin of the innominate artery. The internal surface of the aorta exhibited patches of calcareous deposition. The bodies of the third and fourth ribs had been wholly removed, as well as part of the second and fifth. When the fibrin was removed from the interior of the aneurism, the sac was found divided into two parts, an intra and extra-thoracic portion. The walls of the internal part were firm and rigid, while those of the external were thin and ill-defined. The limit between the two divisions was well marked.

*Medullary Cancer of the Leg.*—Mr. John Birkett exhibited also a specimen of this variety of malignant disease, taken from a girl seven years old, who was admitted into Guy's Hospital, Feb. 23, 1853. The tumor was situated on the outer side of the left leg, and had commenced about three months previously, the parents ascribing its appearance to a bruise. Its growth had been marked by acute pain, which was especially agonizing at night. On the 12th of March, Mr. Birkett removed the disease by amputation above the knee. A vertical section of the fibula displayed a mass of medullary disease, surrounding and destroying the shaft of the bone, and freely infiltrated among the peronei and adjacent muscles. The outline of the periosteum was quite distinct, even where the bone had perished. At the lower third of the fibula the cancerous matter had been deposited between the bone and periosteum.

# Correspondence.

*To the Editors of the Western Lancet:*

GENTLEMEN:—Feeling a deep interest in the advancement and protection of our art from fraud, we are induced to call the attention of druggists of the Eastern cities to the following fact, that within the past twelve months, there has been shipped from this city by one wholesale dealer in drugs alone, upwards of eight thousand pounds of the exfoliated bark of the platanus occidentalis, (false Sycamore) to New Orleans, and thence probably to the Eastern cities. Now what can be the meaning of this? Most likely it is for the adulteration of more costly articles, such as cinchona, rhubarb, jalap, cinnamon, &c.

Perhaps no article could be found combining all the requisites in such perfection for this nefarious purpose as the above named bark, it being perfectly tasteless, inoderous, inert and cheap. The price paid for it was five cents per pound, which would have a wide margin for good profit.

Yours Respectfully,

W. B. CHAPMAN,

CINCINNATI, *July* 28, 1853. *Pharmaceutist.*

# Reviews and Notices.

*A Treatise on General Pathology.* By Dr. J. HENLE, Professor of Anatomy and Physiology in Heidleberg. Translated from the German, by HENRY C. PRESTON, A. M., M. D. Philadelphia: Lindsay & Blakiston, 1853, pp. 391.

The high reputation of DR. HENLE, as an accurate anatomist and pathologist, and as an eminent teacher, very naturally leads to the expectation that his work will not only embody the present of the science, but also extend our knowledge by his original investigations and suggestions. We find, however, some difficulty in satisfying ourselves that the work comes up to the high standard we had erected. On the con-

trary, it seems to us, in many respects obscure, incomplete and transcendental. We do not wish to be understood, however, as placing the the whole work in the preceding category; but it is true that a vein of obscurity and indefiteness runs through the entire treatise, and not only keeps the mind on a constant stretch, but, what is even worse, leaves it finally unsatisfied.

These peculiarities greatly lessen the value of the treatise before us, and especially so as a text book for the mere student of pathology. It is true, however, that one thoroughly learned in this department, will receive no inconsiderable instruction in the careful study of Prof. Henle's treatise; but the mere tyro will do well to pass it by.

We are not quite sure but some portion of the obscurity and indefiniteness of the language may be properly chargeable to the translator; indeed, his effort to give an almost literal translation could hardly fail to lead to obscure phases and sentences. For sale by H. W. Derby & Co.

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*Principles of Medicine: Comprising General Pathology, Nosology, Semilogy, Diagnosis, Prognosis, and Hygienics.* By J. B. Williams, M. D. F.R. S., Fellow of the Royal College of Physicians; Late Professor of the Principles and Practice of Medicine, and of Clinical Medicine, and First Physician to the Hospital, University College, London; Consulting Physician to the Hospital for Consumption and Diseases of the Chest; Late President of the Pathological Society of London, ect., Edited with Additions—by Meredith Clymer, M. D. Fellow of the Philadelphia College of Physicians: Late Consulting Physician to the Philadelphia Hospital, etc. etc. Fourth American Edition; Revised. Philadelphia: Blanchard & Lea, 1853.

This work, from the pen of Dr. Williams, has been so long and favorably known to the Profession, that it would be useless for us to recommend it further than to notice the issue of the *fourth edition*.

It presents the elements of the subjects of which it treats in such a compact, pleasing and instructive form, that it has

become almost indispensable to every practitioner of scientific medicine.

The present edition, has received many improvements from Dr. Clymer. He says, "the chief additions by the editor will be found in the sections on Etiology, Diseases of of the constituents of the blood, Nutrition, Semiology, Prognosis, and Hygienics. The section on Semiology has been greatly enlarged, and an abstract of the general signs of disease added." For sale by W. H. Derby & Co.

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*The Action of Medicine in the System; or, "On the mode in which Therapeutic Agents Introduced into the Stomach, produce their peculiar effects on the Animal Economy."* Being the prize Essay to which the Medical Society of London, awarded the Fothergillian Gold Medal for 1852. By FREDERICK WILLIAM HEADLAND, B. A., M. R. C. S., etc. Philadelphia: Lindsay and Blakiston, 1853, p. 560.

We regard this work as a very interesting and valuable treatise on the action of medicines. It is thorough and philosophical; and although in some instances speculative and unsound, it is mainly a clear and judicious exposition of the modes in which remedial agents operate, and cannot fail to prove instructive to all classes of readers.

The author is evidently a decided humoralist, he does not limit the action of remedies to the blood, but fully recognizes their affinity for different tissues and fluids of the body. The work is better adopted to the wants of the physician or advanced student, than to the mere beginner. For sale by H. W. Derby & Co.

# Progress of Medicine.

## ENGLAND.

*A Lecture on Inflammation of the Stomach.* By George Budd, M. D., F. R. S., Professor of Medicine in King's College, London.—Having spoken of the effects of congestion of the stomach, I have now to call your attention to those of inflammation of its lining membrane.

The term, inflammation, is generic, and, in the latitude now given to it, comprehends processes which, although they have many points in common, differ in very important particulars. Taking the case of the synovial membranes,—the inflammatory process may lead to the effusion of a watery fluid, which may be completely absorbed; or to the effusion of coagulating lymph; or to the secretion of pus; and it is observed, that the result in any individual case is mainly determined by the nature of the agent by which the inflammation is kindled. The inflammation of rheumatism leads to the effusion of a serous fluid, which, at least, does not undergo coagulation in the synovial capsule. The inflammation that results from a penetrating wound, or from the presence of pus in the blood, generally leads to the secretion of pus. But, in either case, there are many common phenomena. There is increased flow of blood to the part, and a plethora or fullness of its blood-vessels; increased heat from the increased oxidation and other chemical changes which are there going on; and unnatural swelling from the effusion of fluids, if the effused fluids cannot readily escape. Again, whatever be the cause or result of the process, the blood undergoes the same fundamental change in its physical properties,—a change which, as M. Andral has shown, is mainly dependent on an increase in the proportion of its coagulable element. It is to these constant phenomena, that the generic term "inflammation" is properly applied. But, whenever the term is used, it must be recollected, that it is a generic term, and that in speaking of any individual case, it is not enough to say, that the disease is inflammation of this or that part. To convey an exact notion of the changes that are taking place, it is necessary to specify, in some way or other, the *kind* of inflammation, either by reference to the cause of the inflammation, as by saying that it is *rheumatic* inflammation, or *gouty* in-

flammation, or *syphilitic* inflamation, or *erysipelatous* inflammation; or, if the cause be unknown, by reference to the nature of the fluids effused, as by saying, that the inflammation is suppurative or adhesive.

The matters effused in inflammation vary not only with the nature of the agent by which the inflammation is kindled, but also according to the tissues inflamed. The inflammation of the joints which occurs in rheumatic fever leads to the effusion of a fluid which does not coagulate, and which is, in most cases, readily absorbed, so that no permanent damage results. The inflammation of the pericardium and of the valves of the heart, which so frequently co-exists with the inflammation of the joints, and which is, doubtless, excited by the same agent, leads to the effusion of coagulable lymph, and produces lasting, and often fatal, changes of structure.

The inflammation of a mucous membrane may lead, according to the kind of inflammation—1st. To the secretion of viscid, or opaque, or otherwise altered mucous; 2nd. To the effusion of plastic lymph, which forms a coating of the membrane; 3rd. To the formation of pus: but, whatever be the character of the matter effused, no permanent mischief need follow. The morbid product is poured out on the open surface of the membrane, and is cast off; and, when the process of inflammation is ended, the membrane may be restored to its original condition.

The various results of inflammation in mucous membranes are best studied in the air tubes, because the several kinds or degrees of inflammation I have just referred to are common in them, and are readily distinguished, from the circumstance, that the secretions from the inflamed membranes are spit up, unmixed with other matter, and may likewise be found, unchanged, choking the tubes in the dead body. But with regard to the stomach, the case is widely different. If any part of the mucous membrane of the stomach be inflamed, the matters secreted by this part are mingled with the secretions of other parts, and also with the food which the stomach contains; and they must, besides, be speedily changed by the chemical action of the gastric juice. If, therefore, they are thrown up by vomiting, it must, in most cases, be difficult to distinguish their primary form; but if instead of being thrown up, they pass downwards through the bowel, they must be still further altered by admixture with the bile, the pancreatic juice, and the fluids poured out by the coats of the bowel itself, as well as by the chemical changes which are

there going on. It cannot, then, excite much surprise that but little has been learned respecting the inflammatory diseases of the mucous membrane of the stomach, from an inspection of the matters which the inflamed membrane secretes.

But there is another difficulty in the study of these diseases; they seldom prove fatal; so that opportunities of examining the inflamed membrane itself seldom occur. Inflammation of the air-tubes not unfrequently destroys life, not by the constitutional disturbance which the process of inflammation excites, but by the mere mechanical effect of the secretion which blocks up the smaller tubes, and thus suffocates the patient.

Secretions from the mucous memerane of the stomach cause no mechanical obstructions of this kind, so that inflammation of it seldom proves fatal. After a time, the inflammation subsides, and leaves no trace behind.

Again, when death does not occur during the active stage of the process, the marks of this process are much less certain than an inflammatory disease of the air-tubes. The secretions are changed by mixture with what else there may happen to be in the stomach; and a softening, or destruction of the mucous membrane, which, in the air-tubes, would, at once be ascribed to disease, may here have occurred after death, from the chemical action of the gastric juice, or of the other matters which the stomach contains.

For all these reasons, our knowledge of the inflammatory diseases of the mucous membrane of the stomach is extremely vague.

One of the simplest forms of inflammation of the mucous membrane of the stomach, as well as one of the most frequent, is that brought on by excess in eating and drinking. Much has been added to our knowledge on this subject by the observations of Dr. Beaumont on Alexis St. Martin, who, in consequence of a gun-shot wound, had a permanent fistulous opening through the abdominal parietes into the stomach, thus affording Dr. Beaumont the rare opportunity of *seeing* much of what took place in the stomach during the process of digestion.

Dr. Beaumont found, that whenever St. Martin ate heartily of substances hard of digestion, for some days in succession, an inflammatory state of the mucous membrane of the stomach resulted. The membrane exhibited apthous patches and red spots, from which small drops of blood sometimes exuded. It secreted very little proper gastric juice, but a

considerable quantity of ropy mucous, which became yellowish, or muco-purulent, when the inflammation was more than commonly severe.

This condition of the stomach caused slowness of digestion, so that food sometimes remained in the stomach undigested for twenty-four, or forty-eight hours, or even longer. It caused, also, slight tenderness at the pit of the stomach, and a thin white coat on the tongue, but very little constitutional disturbance. Under the influence of low diet and cooling drinks, the inflammation very speedily subsided, and the membrane regained the appearance of health.

These effects are illustrated by the following experiment by Dr. Beaumont, on Alexis:—

On the 7th of December, Alexis had some symptoms of gastric derangement, and the mucous membrane of the stomach exhibited small apthous patches.

At 9 o'clock in the morning of the 8th December, he finished breakfasting on fried sausage, dry toast, and a pint of coffee. At half-past 10, the stomach was full of fluids, and its mucous coat was red and irritable, inclining to dryness. There was a thin whitish coat on the tongue, and a similar appearance on the protruded portion of the stomach. At a quarter before 12,—that is, at the end of nearly three hours,—the stomach was still full, and rancid oil floated on the top of its contents.

At a quarter before three on the same day, Dr. Beaumont placed in the stomach, suspended on a string, a roasted oyster, that weighed, when raw, four drachms,; and Alexis ate twelve others of about the same size.

At half-past four, the oyster on the string was not half digested, and Alexis complained of headache, lassitude, dull pains in the left side and across the breast. The tongue was furred with a thin yellowish coat, and inclined to dryness. The eyes were heavy and the countenance was sallow. The mucous membrane of the protruded portion of the stomach, according to Dr. Beaumont, very much resembled the appearance of the tongue, with small aphthous patches in several places, quite irritable and tender.

Dr Beaumont then suspended his observations, and, at night, dropped into the apperture six grains of blue pill and four common-sized aloetic pills, and sprinkled on the exposed surface of the stomach five or six grains of calomel.

The medicine operated early the next morning, relieved the symptoms of indisposition, changed the appearance of the stomach and tongue, and removed the apthæ.

On the 9th, that is, the day after the experiments were made, Alexis felt quite well, and the coats of the stomach looked healthy again.

The rapid recovery in such cases is owing to the active nutrition of the mucous membrane. In consequence of this active nutrition, the effects of inflammation of the mucous membrane of the stomach are much more transient than those of inflammation of the mucous membrane of the air-tubes, or of the urinary bladder, or of the urethra, or even of the intestines.

The mucous membrane of the air-tubes, or of the urethra, or of the urinary bladder, wastes but little, and is slowly renewed. If it be much injured, the process of repair is long.

The mucous membrane of the stomach, on the contrary, has an active function. Its epithelium is frequently shed to effect digestion, and is rapidly renewed; and, in consequence, the superficial inflammation of it we are considering is very transient.

The erythematous inflammation of the stomach, in the instance I have just cited from Dr. Beaumont, was brought on by eating fried sausages and roast oysters. The effect which these, or any other unwholesome article of food, have on the stomach, of course depends greatly on the previous state of the stomach and of the general health. What at one time is readily digested and does no harm, at another time is digested very slowly, and frets and inflames the stomach. Food which, under ordinary circumstances, is most wholesome, may thus inflame the stomach, if, by an impediment to the passage of the blood through the liver or the chests, or by a state of fever, or by nervous exhaustion, or by previous excesses, the gastric juice is, for the time diminished.

The stomach may be inflamed by alcoholic drinks, just as it is by unwholesome food. This was repeatedly seen by Dr. Beaumont in his observations on St. Martin. The following passages are very instructive on this point:—

"July 28th, 9 o'clock, A. M.; weather clear; wind N. W., brisk; the thermometer 66°; stomach empty; not healthy; some erythema and aphthous patches on the mucous suface. St. Martin has been *drinking ardent spirits, pretty freely, for eight or ten days past;* complains of no pain, nor shows symptoms of any general indisposition; says he feels well, and has a good appetite.

"August 1st, 8 o'clock, A. M.—Examined stomach before eating anything; inner membrane morbid; considerable ery-

thema, and some aphthous patches on the exposed surface; secretions vitiated. Extracted about half an ounce of gastric juice; not clear and pure as in health; quite viscid.

"2nd, 8 o'clock, A. M.—Circumstances and appearances very similar to those of yesterday morning. Extracted one ounce of gastric fluids, consisting of unusual proportions of vitiated mucus, salvia and some bile, tinged slightly with blood, appearing to exude from the surface of the erythema, and aphthous patches, which were tenderer and more irritable than usual. St. Martin complains of no sense of pain, symptoms of indisposition, or even of impaired appetite: temperature of stomach 101°.

"3d, 7 o'clock, A. M.—Inner membrane of stomach unusually morbid; the erythematous appearance more extensive, and spots more livid than usual, from the surface of some of which exuded small drops of gramous blood; the aphthous patches larger, and more numerous; the mucous covering thicker than common, and the gastric secrtions much more vitiated. The gastric fluids extracted this morning were mixed with a large proportion of thick ropy mucus, and considerable muco-purulent matter, slightly tinged with blood, resembling the discharge from the bowels in some cases of chronic dysentery. Notwithstanding this diseased appearance of the stomach, no very essential aberration of its functions was manifested. St. Martin complains of no symptoms indicating any general derangement of the system, except an uneasy sensation, and a tenderness at the pit of the stomach, and some vertigo, with dimness and yellowness of vision on stooping down and rising again; has a thin, yellowish-brown coat on his tongue, and his countenance is rather sallow; pulse uniform and regular; appetite good; rests quietly, and sleeps as well as usual.

"4th, 8 o'clock A. M.—Stomach empty; less of those aphthous patches than yesterday; erythematous appearance more extensively diffused over the inner coats, and the surface inclined to bleed; secretions vitiated. Extracted about an ounce of gastric fluids, consisting of ropy mucus, some bile, and less of the muco-purulent matter than yesterday; flavor peculiarly fetid and disagreeable; alkalescent and insipid; no perceptible acid; appetite good; rests well, and no indications of general disease or indisposition.

"5th, 8 o'clock, A. M.—Stomach empty; coats less morbid than yesterday; aphthous patches mostly disappeared; mucous surface more uniform, soft, and nearly of the natural

healthy color; secretions less vitiated. Extracted two ounces of gastric juice, more clear and pure than that taken for four or five days last past, and slightly acid; but containing a larger proportion of mucus, and more opaque than usual in a healthy condition.

"6th, 8 o'clock, A. M.—Stomach empty; coats clean and healthy as usual; secretions less vitiated. Extracted two ounces of gastric juice, of more natural and healthy appearance, with the usual gastric acid flavor; complains of no uneasy sensations, or the slightest symptom of indisposition; says he feels perfectly well, and has a voracious appetite; but not permitted to indulge it to satiety. He has been restricted from full, and confined to low diet and simple diluent drinks for the last few days, and has not been allowed to taste of any stimulating liquors, or to indulge in excesses of any kind."

In this instance, the inflammation of the stomach was caused by *ardent* spirits. The effect which these have on the stomach depends greatly on their state of dilution. The more they are diluted, the more readily are they absorbed, and the less they irritate and inflame the stomach. It has long been known that *spirit* drinkers are the especial victims of cirrhosis, which has, in consequence, been called, in this city, "the gin drinker's liver;" and it has been very generally supposed, that distilled, or ardent spirits, hurt the stomach more than fermented liquors, even when the spirits are diluted with water, so as to be of the same strength. But in wine and malt liquors, the alcohol exists in a state of mere admixture with their other constituents, and there can be little doubt, therefore, that the more injurious effects of ardent spirits depend mainly on the circumstance, that the victims of spirit-drinking not only drink large quantities of spirits, but often drink them "neat," and on an empty stomach. In wine and beer the alcohol is already largely diluted, and the beverages, when drunk to excess, are usually drunk at, or soon after meals, when the alcohol is still further diluted by admixture with the contents of the stomach.

The effect of spirits on the coats of the stomach, like that of food which is hard of digestion, depends greatly on the previous state of the stomach, and of the general health, as well as on season and climate. Spirits hurt the stomach more when its mucous coat is already inflamed, or when, from an impediment to the passage of the blood through the liver or the chest, or from any other cause, the vessels of the

stomach are congested, so that liquids are slowly absorbed from it; and in hot seasons, or hot climates. Under these circumstances, small quantities of fermented drinks may do much mischief.

In the observations I have cited from Dr. Beaumont, nothing is more striking than the rapidity with which the stomach recovered, under the influence of low diet and cooling drinks. Without this power of rapid recovery, the stomach would be unfit for its office. If the erythematous inflammation, which is excited by unwholesome food, or by excess in eating or drinking, took long to subside, the abstinence required for recovery could hardly be borne.

The inflammation, instead of subsiding rapidly, may, however, be kept up by repeated indiscretion in eating or drinking. Small quantities of solid food, or of fermented drinks, which, at other times, would do no harm, are sufficient to keep up a soreness that already exists.

The chronic inflammation so excited is attended with an increased secretion of mucus, and causes a thickening, and the so-called mammillated appearance, and occasionally I believe, minute superficial ulcers of the mucous membrane. Its most characteristic symptoms are constant slight tenderness at the epigastrium, slowness of digestion, pain or uneasiness in the stomach, and occasional vomiting after meals, especially after meals of solid food, and a white and furred tongue. The matter vomited contains viscid mucus, which, now and then, presents a few streaks of blood, more or less altered. The disorder, even after it has lasted a considerable time, generally disappears readily if the stomach be allowed sufficient intervals of rest, or the patient be restricted to cooling drinks, and a diet consisting entirely of farinaceous substances and milk.

A superficial, or erythematous, inflammation of this kind occurs, not only as a disease by itself in persons otherwise healthy, but also very frequently in the course of various other inflammatory or febrile diseases, when the food has not been brought down to the diminished power of the stomach. Under such circumstances, the inflammation of the stomach is more dfficult to recognise, from its symptoms being complicated, or masked, by those of the primary disease. It is thus often overlooked, and much mischief is in consequence done by the unseasonable use of stimulants.

Chronic inflammation of the kind we are now considering sometimes results, not from the digestive powers of the sto-

mach being overtaxed, but from the existence of some impediment to the passage of the digested food from the stomach into the intestine. When, for example, a simple deep ulcer exists near the pyloric end of the stomach, interfering with the action of its muscular fibres, or when the pyloric orifice is slightly strictured, or is pressed upon by a large liver, the stomach cannot always completely empty itself, and what remains in it, after digestion is over, frets and inflames its mucous coat. As the inflammation, in such cases, results from an abiding condition, it is dfficult to remedy, and thus, occasionally, leads to habitual vomiting of ropy mucus. This happened in a woman who died, a few years ago, in King's College Hospital, from the effects of a large simple ulcer near the pyloric end of the stomach. Much ropy mucus was vomited for a long time before death, leading to the suspicion of cancer of the stomach, and, after death, ropy mucus of the same kind, hard to detach, was found coating almost the whole surface of the mucous membrane.

In the same way, if the urinary-bladder, or the gall-bladder, cannot completely empty itself, the retained urine or bile, decomposes, or becomes too highly concentrated, and consequently frets and inflames the mucous membrane. Inflammation of the mucous membrane of the stomach would be caused in this way much more frequently if the contents of the stomach could not be discharged by vomiting. The stomach has, fortunately, two outlets for the escape of irritating matters.

*Observations on the Fevers of Jamaica.* By J. Magrath, Senior Medical Officer of the Public Hospital, Kingston.—During a residence of thirty-five years in this island, I have never met with a single circumstance that for a moment induced me to believe that the fevers which occasionally prevail here epidemically, or arise sporadically, are ever of a contagious nature.

The intermittent, remittent, and yellow fevers appear to me to be modifications of the same disease, influenced by particular circumstances, and to arise from the same cause,—viz., a deleterious principle (generated during the decomposition of certain substances, principally vegetable,) the production of which is materially influenced by the degree of heat and moisture present, and by the existing state of the atmospheric and telluric electricity.

In 1849, during the prevalence of the fatal epidemic of

yellow fever among the troops at Up Park Camp, it repeatedly happened that, on going to the hospital, I passed over spots of small diameter, from whence a hot moist air seemed to issue. Upon afterwards examining these situations, I could not, however, discover any cause to account for the circumstance.

I have known patients to be admitted into the hospital who. after having had two distinct febrile parozysms, have lapsed into yellow fever, and died with black vomit. And again, I have known others who were admitted with the muddy injected eye, and drunken suffused appearance of the countenance, deep seated pain in the orbits, and other pathognomonic symptoms of yellow fever, lasting for two or three days, have afterwards two or more paroxysms before they became convalescent. Cases of this kind are rare, but still sufficient, I think to establish the connection between yellow and intermittent fever. Sir William Pym attempts to distinguish what he calls Bulam from aggravated miasmatic fever; but every symptom he describes as diagnostic of the one I have repeatedly seen in the other.

Yellow fever has not for several years prevailed as an epidemic in Kingston; but every now and then we receive patients suffering from it into the public hospital, and most of these cases come from coal ships.

In 1848, the crew of a vessel, that had a few months previously been employed in carrying guano, suffered most severely; and in 1849, the persons on board three coal ships, which after discharging their cargo, took in some impure ballast, were attacked with this disease in its most virulent form whilst the other vessels in the harbor were comparatively but little affected. The sick from these ships were placed amongst the other patients in the hospital; but the disease did not spread to them.

Unacclimated individuals of every race are liable to attacks of yellow fever, although I believe the negro will often have remittent fever when the white man would be subject to the more aggravated form. I have known persons of color, natives of the mountain districts, and who had never been off the island, to be attacked on coming to Kingston, and die on the third or fourth day, with black vomit, hæmorrhage, &c.

Yellow fever never attacks the thoroughly acclimated, although persons who have had it once are not invariable exempt from a return of it. I have myself attended more than one patient in two well-marked attacks of the disease; and

in 1827, shortly after I engaged in the practice in Kingston, I was called to see a gentleman, who died on the third day of fever, and who, I was assured by Dr. Adolphus, deputy-inspector of hospitals, and by his family, had, about six months previously, a similar attack with well marked black vomit. Persons have been known to die of remittent fever after a residence of upwards of twenty years in the island.

We have lately been receiving into the public hospital several persons in the advanced stage of remittent fever, or suffering from its sequelæ, who contracted the disease at Chagres. In them the spleen and liver are always congested, and the lungs occasionally so. The liver and lungs are occasionally disorganized. The greater number are dropsical, and suffering from subacute inflammation of the alimentary canal, accompanied by diarrhœa; in several a marked change is observed to have taken place in the blood.

I have seen a few instances of the algide form of fever mentioned by Dr. Barclay, and believe that when it occurs a paroxysm has taken place, which from some cause does not proceed beyond the cold stage, and in which the patient dies or gradually recovers. In 1823, I was called to see a lady in St. Elizabeths, who had a severe paroxysm of fever, and whom I found in a hot stage. At daylight next morning she was freer from fever, and feeling comfortable. At nine o'clock A. M. she complained of being weak, and as I was in the house I saw her immediately, and found her in a state of collapse, which gradually increased until she became deadly cold, like a person in the last stage of cholera; in this state she remained for upwards of thirty-six hours, when, by the continued use of stimulants, and keeping her wrapped in blankets, she gradually emerged from it, and recovered without any return of fever. Quinine was not in use in this island at that time.

As these different forms of fever arise from the same cause, their treatment is based on similar principles, modified by the intensity of the disease. The indications appear to be, "to relieve such viscera as become the seat of congestion, or are threatened with it; to overcome the fever, and to effect a counterchange in the state of the blood."

General blood-letting in young and otherwise healthy subjects is frequently most useful in many epidemics, when the patient is seen within the first few hours of the attack; but the indiscriminate practice of it has done a great deal of mischief, particularly when it has been had recourse to after the

first day. Topical bleeding is a most valuable remedy, and can be employed at a later period than general blood-letting. Where there is tenderness of the epigastrium, with vomiting and ardent fever, it should rarely be omitted; sinapisms and blisters are also often useful.

The American practice of giving large doses of calomel and quinine is, I think, an excellent one. It is that which we have for the last few years followed in the public hospital, and which I adopt in private practice. The first dose of calomel (a scruple) will often of itself allay the irritation of the stomach, and enable it to retain the scruple of quinine which is given immediately afterwards. The quinine is then given in ten grain doses, and the calomel in four grain doses, every third or fourth hour, until an impression is made on the disease, or the quinine is found to be affecting the system, when the dose of it is diminished. Sometimes only the first dose of calomel is found necessary, in other cases several are required. It generally acts on the bowels, and supersedes the necessity of giving those large doses of purgative medicines that were formerly deemed indispensable.

When it is evident that a change is taking place in the state of the blood, the saline medicines recommended by Dr. Stevens are administered, in conjunction with or without quinine, as may be found advisable; and perseverence in this treatment has saved the lives of many, who without it would have fallen victims to the disease. When the powers begin to fail, stimulants (particularly brandy) are given in moderate quantities.

Kreosote, hydrocyanic acid, and nitrate of silver have at times been found useful in arresting the vomiting; but in general the oxide of bismuth is found the most effectual remedy.

Black vomit was at one time believed to consist of vitiated bile; but it is now known to be disorganized blood, mixed with the secretions of the stomach. The bile, found in the gall-blader of patients who die with this symptom, mixes readily with water; whilst a mixture of black vomit and water is turbid, and always deposits a sediment.

The yellow color of the skin, in most instances, arises from the diffusion of bile in the system, and is then first noticed in the eye. In other cases it has its origin in the decomposition of the blood, and in these is first observed in streaks about the neck. When arising from the latter cause, it indicates a most formidable disease.

When an epidemic breaks out, the removal of the people (when it is practicable) should be one of the first steps taken. The good effects arising from this measure were strongly exemplified in the 60th regiment, a few years ago. It was suffering most severely from fever at Fort Augusta; but, on being removed to the mountains, soon got rid of the disease. Had they remained at the Fort their loss would, I have little doubt, have been enormous.

*Case of Amputation at the Ankle Joint.* By Charles Croker King, M. D.—Biddy Fanington, aged 28 years, a patient in the County Galway Infirmary. Disease, warty ulcer of Marjolin, occupying the entire sole of the foot in front of the heel.

In consultation on the 21st of June 1852, amputation was decided upon, and the next question for consideration was as to its site. Amputation below the knee was proposed, and consented to by the patient, but was not adopted, as, on consideration, the case appeared to be a favorable one for amputation at the ankle joint, after the manner recommended by Mr. Syme. Accordingly, the patient having been placed under the influence of chloroform, the point of a small sized amputating knife was inserted close to the fibular malleolus, and carried across the sole of the foot, in front of the heel, to a point on the same level on the opposite side, which was a little below the tibial malleolus. The knife was then carried rapidly across the dorsum of the foot in a semi-circular direction, so as to connect the extremities of the first incision; the posterior flap was dissected, the edge of the knife being kept close to the os calcis; the ankle joint opened; the lateral ligaments divided; the entire foot removed; and the operation completed by sawing off the two malleoli, and a thin slice of the tibia connecting those processes. Three vessels required ligatures, namely, the anterior tibial, and the two plantar arteries, care having been taken not to divide the posterior tibial before its division.

The operation only occupied a few minutes, and little or no blood was lost.

The flaps matched admirably. They were held together by adhesive plaster, and three points of interrupted suture. Water dressing was applied.

Almost the entire of the wound healed by the first intention. A small portion of the cicatrix remaining tender, and discharging a few drops of pus, slightly protracted the cure;

but this shortly healing, the patient possesses a most efficient stump, upon which, having been provided with a suitable boot, she is able to walk rapidly, perfectly, and without even the assistance of a stick.

*Case of Traumatic Tetanus cured by the Inhalation of Chloroform.* By Dr. Th. V. Dusch, of Manheim. A patient, aged 26, ran a nail into the great toe of the left foot, on April 17th. On the 30th, he experienced difficulty in opening the mouth. On May 2nd, the masseter and other masticatory muscles were contracted, and the mouth was closed. On the 5th, the symptoms were more severe; and, on the 6th, there were tetanic spams, returning every five minutes, combined with opisthotonos. Morphine, bleeding, tobacco enemata, cupping, etc., were tried without avail. Pulse 112; skin warm. Chloroform inhalations were then directed. The tetanic symptoms disappeared during the narcotism, and the patient obtained some rest. Upon the return of the spasms, the chloroform inhalations were repeated, during which the pulse sank from 110 to 60. The author now endeavored to keep the patient in a state of constant excitement, and administered, between this date and the 20th of May, 64½ ounces of chloroform.

21st.—The inhalations were discontinued: cold was applied to the shaven head, and a quarter of a grain of acetate of morphia was given every two hours. On the 4th of June the patient was well.

Dr. Bargigly, of Lesbos, relates the case of a countryman, in whom tetanic symptoms came on after the ex-articulation of the third finger. The patient was cured by the same treatment.

A similar case is related in Langenbeck's Clinic.

The death of the patient in tetanus is caused by the cramps extending to the respiratory muscles and to the heart. It rarely occurs from loss of power in the brain or spinal cord, or from exhaustion. The course is usually acute, the tetanic symptoms ensuing in the following order:—trismus, cramp in the muscles of back and neck, the extremities often remaining free. Most patients die before the twelfth day. The prognosis is the more favorable the longer the disease lasts. The advantage of narcotising remedies consists in this, that the tetanic cramps become suppressed or rendered milder, and thus the respiratory act and the contractions of the heart proceed unimpaired. Chloroform, from being taken

into the blood direct from the lungs, is preferable to all other narcotising remedies, which must be absorbed from the stomach. The effects of the chloroform inhalations must be continuous, the patient remaining days, and even weeks, more or less, under its influence, until a point of saturation is attained, characterised by the rapid production of the extreme narcotising effects, the patient during the intervals being in a state of obstinate excitement; head hot, face red, eyes glistening, frequent epistaxis, etc. Atmosperic air was mixed with the chloroform in Dr. Dusch's case.—*H. und Pfs. Ztschr., N. F.* III. 1852.

*Reduction of a Scrotal Hernia which had been for nearly six months Irreducible.* Under the care of Mr. Hilton. On April 23, 1853, Alfred Kemp, aged 24, a farm laborer, was admitted to Guy's Hospital, on account of a large scrotal hernia, which had, for nearly six months, baffled the persevering attempts at reduction made by his medical attendants. He stated, that for two years he had been subject to a small swelling in the groin, but, that it had never occasioned any trouble, until about six months ago, when, during an effort at lifting, it suddenly increased in size, and passed down into the scrotum. Immediately afterwards he suffered severe pain with some sense of dragging in the abdomen and back, but no symptoms of strangulated bowel manifested themselves, either then or since. The inconvenience which it had occasioned him had, however, quite prevented him from attempting to resume his work. The treatment pursued in the country had consisted in the exhibition of purgatives, and of mercurials, with partial confinement to bed. Cold had also been applied to the tumor. On examination, there was found in the left scrotum a large, moveable, irregularly nodulated mass (omentum), which was soft, flaccid, and free from tenderness. Nothing like intestine could be felt. The neck of the tumor at the external abdominal ring appeared to be tightly constricted. The bowels were ascertained to have acted regularly each day. Having made careful and persevering, but ineffectual attempts to effect the reduction of the tumor, Mr. Hilton directed—1st. That the man should observe an undeviatingly recumbent posture. 2ndly. That he should have solid food, with not more than a half a pint of fluid in twenty-four hours. 3rdly. That a bladder of ice should be kept constantly applied to the scrotum, the latter being elevated on a cushion placed between the thighs. 4thly.

That a draught, containing sulphate of magnesia and colchicum wine should be administered three times daily. Mr. Hilton remarked, to those present, that to a young man who had to earn his livelihood by hard labor, it was a matter of very great importance to be relieved, if possible, of such an affection as the present, which, apart from the inconvenience necessarily attendant on its bulk, would perpetuate a liability to the occurrence of strangulation. He pointed out, that the important obstacle to reduction was probably offered by the loaded condition of the blood-vessels of the protruded part, and that, consequently, the indications for treatment were—1st. To decrease the quantity of the circulating medium generally, as far as might be done without unduly depressing the vital powers; and, 2ndly, by local means to constringe and unload the congested vessels of the incarcerated omentum. The one was to be accomplished by purgation, diuresis, and abstinence from fluids; the other, by the recumbent posture and the application of pressure and of cold. With respect to the last mentioned agent, Mr. Hilton further remarked, that, in the case of tumors within the scrotum, the use of cold, by exciting constant and powerful contraction of the dartos, insured the application of the best and most uniform kind of pressure which could possibly be exerted. The effect of purgation was also extremely valuable, since not only did it unload the vascular system generally, but that part of it especially involved in the existing lesion, the omental veins being, with those of the intestines, tributary to the vena porta. It was just possible, also, that, by keeping the stomach and transverse colon comparatively empty, the contractions of those organs, to both of which the omentum is attached, might exert some little influence in tending to drag upwards into the abdominal cavity the displaced portion of omentum. To return to our case. After the afore-mentioned treatment had been rigidly pursued for a few days, it was noticed, that the man's belly had lost its rounded countour, and become pinched in and narrow; the tumor, also, had diminished in size, and felt soft and loose, having lost its plump and definite form. The bowels had been very freely purged.

On the 28th, Mr. Hilton again examined the tumor, and, with very slight pressure, succeeded in passing it up into the abdomen.

On the 30th, the man was discharged, quite free from all the inconveniences of his complaint; and, wearing an efficient truss, the hernia had not again protruded.

## UNITED STATES.

*A brief Summary of my Experience with the Veratum Viride.* B. JOHN S. WILSON, M. D.—So much has recently been written upon the veratum by Dr. Norwood, and others, that some may begin to grow weary of the subject; but I feel well assured that such is not the case with those who have witnessed its wonderful powers, and that every physician who has enjoyed this privilege will read with pleasure any additional evidence in its favor, which may tend to bring it more into notice, and thus extend its use. And if any of the readers of this Journal should entertain the idea that an undue proportion of its pages are devoted to this new remedy, they should remember that almost *all* that has been written, up to this time, upon this great medicine, has been published in this Journal *alone;* that but few American and *no* European journals have as yet noticed it; and, consequently, that its transcendant claims to the attention of the profession are still comparatively unknown. Instead, then, of offering an apology for introducing the American hellebore again, I would pay a merited compliment to Dr. Norwood, by saying that he has won immortal honor for himself, and conferred an inestimable favor on mankind, in bringing it first into notice; and I hesitate not to say that the Journal would be well filled if *every page* contained nothing besides an important account of the effects of veratrum viride.

It is not my design to give a minute and tedious detail of cases; I will only mention some of the diseases in which I have used the medicine under consideration—the mode of administration, and the result, together with such general remarks as may be suggested to be in common with each case.

At the beginning of the present year, I succeeded in obtaining some of the root of the veratrum viride, after several ineffectual efforts: from this I made a tincture, according to the Directions of Dr. Norwood, by adding ½ lb. of the root to 16 oz. of undiluted alcohol. This tincture I have used in the following diseases—viz: Pneumonia, pleuro-pneumonia, bronchitis, broncho-pneumonia, pericarditis, cerebro-spinal meningitis, epileptiform convulsions, acute rheumatism, general dropsy; and in fevers—typhoid, remittent and puerperal. Of the thoracic diseases, sixteen were pulmonary and one cardiac: of meningitis, convulsions, acute rheumatism, and dropsy, there was one case each: of the fevers, three were typhoid, one puerperal, and several remittent. Of the sixteen pulmonary cases, all recovered save one, and this was com-

plicated by the supervention of acute rheumatism. The case of pericarditis had resulted in effusion, before it was put under treatment, and terminated fatally; still the veratrum exerted its wonted control over the pulse, reducing its frequency from 140 to 60. The case of crebro-spinal meningitis was also fatal; but as in the other case, the remedy exerted a marked control over the pulse, and for a while there was a flattering amelioration of all the symptoms.

The subject of the convulsions was an anemic boy of 10 or 12 years of age; the spasms were very frequent and extremely severe, every paroxysm apparently putting the life of the patient in imminent danger; the veratrum, to reduce the frequency of the pulse, and ether inhalations, to quiet the spasms, were the remedies almost exclusively relied upon; and these indications were fulfilled in the happiest possible manner, snatching the little sufferer from the very jaws of death.

The case of rheumatism occurred in a little boy about 5 years of age; it attacked the knee joint, was very severe, and was treated principally with colchicum and veratrum; but the former medicine did not succeed well until the latter was added to prescription. Under this treatment, the disease was subdued in less than six days, instead of running "six weeks," according to the dictum of Dr. Warren.

The case of dropsy was fatal, the patient being moribund when the veratrum was commenced.

We now come to that interesting class of diseases—fevers. Of the three typhoid cases, one terminated favorable in twelve days; but the early convalescence in this case was not attributed to the veratrum, as this was not made a principal remedy, and as the fever was unusually mild. The other two cases were severe and protracted, one continuing three and the other six weeks. Having much confidence in the veratrum, it was relied upon almost exclusively in the treatment of these two cases, the prescriptions being complicated as little as possible. In the case that terminated in convalescence in three weeks, slight ptyalism supervened, from the use of small doses of calomel in conjunction with the veratrum.

The general plan of treatment which I have adopted in typhoid fever is to give quinine freely for the first few days, or until the typhoid symptoms are fully developed; I then resort to small doses of calomel and the veratrum, experience having taught me that nothing can be gained by pushing the quinine, *after the disease has become distinctly typhoid.* In

giving the veratrum, I generally prescribe 4 gtt. every three hours, for an adult, to be increased 1 gtt. each dose, until a decided effect is produced, either upon the pulse or stomach. I have never been able to carry the dose higher than 14 gtt., and seldom higher than 8 gtt.; and I have even known 2 gtt. to produce a very manifest effect on the pulse of a little girl three years of age. I have never known it to fail in reducing the frequency of the pulse when it produced nausea, but I have frequently succeeded in reducing the pulse, without any nausea, by beginning with very small doses, and increasing gradually.

Having mentioned the diseases in which I have used the veratrum, and the mode of administration, I conclude with a few general remarks.

It will be seen by reference to the figures given, that my experience with it has been more extended in pulmonary diseases than in any other class—sufficiently so, I think, to speak with some degree of confidence. As already stated, only one of these cases proved fatal, and that was complicated. Some of the cases were severe and alarming, as much so as any I have ever seen; and one of the cases of pneumonia was accompanied with active pulmonary hemorrhage. With these facts before me, I can but express a very favorable opinion of the veratum in pneumonia and bronchitis. Before the introduction of this remedy, I treated the diseases mentioned with antimonials, and generally with success; but every physician of experience knows that pnemonia is not unfrequently complicated with a degree of intestinal irritation which forbids the use of tart. emetic on the Rasorian plan, or, indeed, in any way capable of subduing the pulmonary inflammation; and even where this intestinal complication is not an essential feature of the disease, it is well known that the free use of tart. antimony will produce it together with other grave, and even fatal symptoms. The veratum is not obnoxious to those objections; and having in addition to the important negative advantage, the positive one of being more prompt and certain in its effects, than the antimony, I think it entitled to the preference; and I think it possible that time and experience will confirm its claims, and that it will be recognized as the great desideratum in the treatment of pulmonary diseases. In this class of diseases I have found it to act promptly, not only as a sedative, but also as an expectorant and anodyne; and I would here remark, that I consider its primary action, that which gives it its great value, sedative—while its secondary effects are expectorant, emetic, sudorific, and anodyne.

As to its use in fevers, I have but a few more words, as it is my design to confine myself mostly to facts, and as my experience with it in this class of diseases has not been extensive. As before intimated, the veratrum was made the principal remedy in the treatment of two of the typhoid cases—no other remedies being used except blisters to the abdomen, sponging, spts. mindereri, and in one case small doses of calomel. If I may venture an opinion as to the virtues of veratrum in typhoid fever, from its effects in these two cases, it is this: Its powers in abbreviating the fever are doubtful; but its control over the pulse, the reduction of excessive arterial action, and the consequent mitigation of all the more distressing symptoms, are comparatively certain—far more so than any remedy previously in use. But, while I express myself thus favorably, I do not think the veratrum is applicable to *all* cases of typhoid fever; for I would be averse to to its use in cases attended with extreme debility and great prostration of the vital powers; if I were to resort to it at all in cases of this kind, it would be in doses too small to produce nausea and prostration, observation having taught me that the patient must have a considerable degree of recuperative energy to withstand its depressing effects, unless it is used with great caution.

The case of puerperal fever was one in which the uterus was the primary seat of inflammation, but the fever was complicated with diarrhœa and well-marked typhoid symptoms. In consideration of this complication and the advanced stage of the disease, I withheld the lancet—of course the purgative plan was wholly inadmissible. Under these circumstances, I prescribed small doses of calomel and opium; veratrum alternately—the latter to be increased until it affected the pulse or stomach. When this treatment was begun, the pulse ranged from 120 to 140, quick and thready; after continuing it forty-eight hours the pulse was reduced nearly to the normal standard, and kept at this until the metritis was subdued. In this case it took as many as 14 gtt. to fulfil the indication—more than I have ever given in any other case, except one of pneumonia, accompanied with pregnancy—the time was much longer than usual also; but whether the puerperal and pregnant states modify the action of the remedy, I am unable to say.

As we have a specific in remittents, of course the veratrum was not the principal remedy in this form of fever; it was only used during the febrile exacerbation, to moderate the ar-

terial action, and this design it accomplished very happily; and although it may possess no specific action in any form of fever, I consider it an invaluable remedy in controlling the action of the heart and mitigating the intensity of the disease, in every variety of fever, idiopathic or symptomatic.

I might multiply remarks in connection with each of the cases treated, but enough has been said, I think, to convince the most incredulous that the powers of the veratrum have not been exaggerated. I will only add, in conclusion, that I have used it, not only in the twenty-five cases reported in this article, but also in others, not embraced in this report; *and I have never seen it fail in reducing the frequency of the pulse—while there was generally an improvement in its volume:* and although I am naturally more prone to skepticism than credulity, I hesitate not to express the belief that the veratrum viride is one of the greatest additions made to the materia medica the present century, the anæsthetics not excepted; but, while I bestow this high commendation, I must say, by way of caution, that it is potent for evil as well as for good—like all other active remedies—and should therefore be used with prudence and circumspection.—*Southern Medi. and Surg. Jour.*

*Arsenic in Chronic. Scabies.*—By Philip Henry Williams, M. D. Case I was consulted, February 1852, by H. B., aged 22, who stated that she had been suffering from an eruption during ninetsuccessive months. The description clearly indicated scabies; and the appearances on the arms, wrists, fingers, legs, ankles, and toes, left no doubt as to the nature of the disease. There were a few scratched spots on the face, which, although a comparatively rare seat of scabies, appears in chronic cases liable to be effected. The itching was, and had been, commensurate with the extent of the malady. Various applications had been tried without benefit. On the hands and toes several distinct pustules had recently occurred, which, in the words of Dr. Bateman, were "moderately inflamed round their bases, and maturated and broke in two or three days; then ulcerated, with increasing pain and inflammation." Hence it would seem that the decidedly purulent species (scabies purulenta) was supervening on the ordinary development. The pustules subsequently appeared on other parts, especially on the arms and thighs, and remained after the simple eruption had died away. The constitution, at the commencement of the attack, was stated to be good; and at the time the patient came under my no-

tice, the health was not impaired. The catamenia were quite regular. I prescribed sulphur ointment, giving iodide of potassium and sarsaparilla in the usual doses, and compound rhubarb pills at proper intervals. This treatment was continued for a month, with very little success. I then ordered three minims of the liquor potassæ arsenitis to be taken three times daily, in champhor mixture. At the end of three weeks the face became quite free from all traces of the eruption, and at the end of the fourth week the disease was declining over the body generally. The mixture was omitted for a few days, in consequence of slight headache, and was then resumed in the same dose, twice daily. In three weeks from that date, the patient was cured, with the exception of some of the larger pustules, which were not healed until a fortnight afterwards. Poultices of linseed meal were applied to them.

Up to the present time, there has been no return of the malady.

A younger sister of the patient suffered at the same time from simple scabies, which yielded at an early period to sulphur ointment and tonics. A companion of Harriet B. also contracted the disease, which became chronic, and required the same arsanical treatment for its removal.—*Assoc. Med. Jour.*

*Hot Water and Soap in Ptyplism.*—A great variety of remedies have, from time to time, been employed in the treatment of ptyalism; every practitioner having his own favorite remedy. Tar water, solution of creasote, lead water, sumach root tea, sage tea and honey, alum, spts. turpentine, &c., have each acquired more or less reputation in the hands of different practitioners; but we have never been satisfied with any of these remedies, though we have repeatedly prescribed them. Very recently, having to treat a severe case of accidental ptyalism, we prescribed a *hot* solution of soap. The patient was suffering with severe pain of the gums, and copious salivary discharge—a few drams of spirits of soap was added to one pint of *hot* water, and the patient directed to take it into the mouth, as hot as he could bear, and retain it until the surplus heat was exhausted, and repeat for an hour, allowing an interval of half an hour for rest. At the end of twelve hours, we had the gratification to find the patient almost entirely relieved of the pain—the swelling and redness of the gums and soft parts about the mouth rapidly

diminished, and in a few days, by the persevering use of the hot water, the patient was free of all uneasiness about the mouth.

The value of hot water was suggested from having observed the good effects of hot tar water in a similar case; the patient, a delicate, nervous female, was directed to use warm tar water occasionally, but finding that the hotter the water, the greater relief was afforded, she continued using it as hot as the mouth could bear it. We had noticed too, the effects of the prolonged immersion of the hands of washerwomen in warm *soap suds*, corrugating and puckering the skin of the hands and fingers to such a degree that the blood seemed almost expelled from the vessels of the part.

The first effect of hot water in mercurial sore mouth, seems to be relief from the painful distension of the soft parts, and secondly, an anemic condition of the blood vessels from contraction or collapse of the capillaries. The stronger preparations of soap are powerfully astringent—the kind used in preparing the spts. sapo. was the castile—it may be that *turpentine* soap is preferable.—*South. Jour. of Medical and Physical Sciences.*

# Miscellaneous.

*Fusion and Volatilization of Platinum and Salici.*—Berzelius in his Traité de Chemie (German edition) reports that he had seen a mass of simifused platinum which M. Sefstrom had obtained by heating in an ordinary furnace filings of platinum mixed with charcoal placed in a crucible. This fact, which had been overlooked, has been carefully studied and submitted to examination on a large scale by M. Deville, so that now the fusion of platinum in a coal fire is no more a difficulty, neither the volatilization of this metal.

In order to verify a fact in analytical chemistry concerning the silicates, M. Henri St. Claire Deville put a platinum crucible, closed with its cover, in a Hessian crucible, and placed it in a small laboratory furnace. The combustible consisted accidentally of furnace cinders ("escarbilles") and the whole was subjected to the action of the bellows of a forge. On returning after some time to examine the state of the silicate, he saw with surprise that the platinum crucible, as

well as the Hessian, was reduced to a paste, perfectly fused.

On reporting the facts to the Academy, M. Deville, presented a platinum crucible, which he had caused to melt in lime; he had also a cover of platinum, and also a specimen of pure silver fused in graphite.

As sandstone is perfectly fusible at these temperatures, M. Deville substitutes for it some compact lime containing a little silica, which he had carved into a crucible; the air reached the furnace through a plate of iron pierced with holes arranged circularly to a distance of 5 centimeters around the center.

I have seen the apparatus, and observed the simple and easy method of using it; the humble appearance of this small furnace stands out the more remarkably in the magnificent laboratory of the Ecola Normale, where M. Deville carries on his labors. This chemist has also succeeded in volatilizing silica, which had already been previously done by M. Gaubin, with a gas blowpipe of his invention, fed by oxygen.

It is essential for success that the combustible should be of the proper kind, and finely divided. The best is made of the residue of the combustion of coal, mixed with cinders such escape from the grates of the furnace, and are called "escarbilles." Coke and charcoal have produced nothing satisfactory.

M. Deville informs me that he has found no difference between the fused and welded platinum. We add, however, that he has not compared the electro-chemical properties of these metals, nor the action on light.—*Silliman's Journal*, May, 1953.

*A Formula for a Castor Oil Electuary.* By Septimus Piesse.—Many persons' stomachs revolt at taking castor oil in an undisguised form. To overcome this repugnance, it has been the practice to administer it in the shape of an emulsion, which involves a large increase in the bulk of the dose to be taken, as well as the employment of a considerable quantity of gum or the yelk of an egg, to form the emulsion. To disguise the castor oil, to give it in a condensed form, and to diminish, as much as possible, the quantity of the excipient, the following formula has been devised:

| | | |
|---|---|---|
| Take of | Castor oil, | 3 ounces. |
| | White soft soap, | 1 drachm. |
| | Simple syrup, | 1 drachm. |
| | Oil of cinnamon, | 6 drops. |

Rub the soap with the simple syrup in a mortar, and then add gradually the castor oil, with constant trituration, until it is thoroughly incorporated with the above ingredients. Finally, mix with the electuary thus formed, the oil of cinnamon, or any other essential oil that may be preferred. By these means, a gelatinous electuary will be formed, which is rather palatable than otherwise, and nearly equals, bulk for bulk, castor oil in strength. The quantity of potash present in a dose of this electuary is only a homœopathic dose, and, consequently, not likely to produce a bad result in any case, even when in use should be contra-indicated.—*Annals of Phar.*

*Juniper Tar Soap.*—This soap is made by distillation from the tar of the wood of the *Juniperis communis*, by dissolving this spirit in a fixed vegetable oil, as that obtained by expression from almonds or olives, and forming a soap by means of a weak soda-lye, after the customary manner. This yields a moderately firm and clear soap, which may be readily used by application to parts affected with eruptions at night, mixed with a little water, and carefully washed off the following morning. This soap has lately been much used for eruptive disorders, particularly on the Continent, and with various degrees of success. It is thought that the efficient element in its composition is rather less impure hydrocarburet than that known in Paris under the name *huile de cade*. On account of its ready miscibility with water, it possesses great advantage over the common tar ointment.—*Annals of Pharmacy.*

*On a New Mode of Producing the Instantaneous Coagulation of Blood in the Arteries—Aneurism of the Suborbital Artery, cured by this means.*—Our readers, no doubt, remember the interesting account communicated by M. Lallemand to the Academy of Sciences, of the experiments made by M. Pravas of Lyons, to obtain instantaneous coagulation of blood in arteries. This question having been lately brought before the Surgical Society of Paris, connected with its successful application in man, we will briefly detail in what M. Pravas's method consists.

He makes use of perchloride of iron at the maximum of concentration, a few drops of which is to be injected into the vessel in which it is desirous to obtain coagulation. This injection is to be made with a very fine trocar, of either gold or platinum, the diameter of which is scarcely greater than

that of a needle; this is to be introduced very obliquely, through the parietes of the artery, with a wriggling motion. To this trocar is adjusted a small syringe, the piston of which works with a rack and pinion motion, so that the injection proceeds without impulse, drop by drop, and in such a way, the quantity of liquid injected can be accurately measured. Every turn of the pinion allows of the escape of two drops of the liquid. Whilst this injection is used, the circulation is momentarily arrested in the vessel by means of pressure above and below. A few drops suffice (three or four in a sheep, six or eight in the horse) to form a solid and resisting clot.

Up to this time, the experiments had been only made on animals, but M. Lallemand expressed a hope to see them succeed in man. This appeal has been heard. M. Raoul Deslongchamps has just sent before the Surgical Society of Paris a case of aneurism of the suborbital artery treated with success by injection of perchloride of iron. It was a tumor situated in the suborbital region, affording pretty strong pulsations, isochronous with the heart's action. This tumor, for the cure of which compression had been used without effect, disappeared completely by means of the injection, as recommended by M. Pravas, after presenting some inflammatory symptoms, which easily yielded to antiphlogistic treatment. —*Gaz. Medicale de Toulouse—from Dub. Med. Press.*

*Butter a Substitute for Cod-Liver Oil.*—Cod-liver oil is an aliment which restores and reconstitutes the tissues; in a word, it is an analeptic medicine, by the aid of which the disorganizing action of tubercle is combated. The only inconvenience attending its use is, that it is sometimes difficult of digestion. In this case, M. Trousseau substitutes, with advantage for it, the following compound: "Fresh butter, ℥iv.; iodide of potassium, gr. ⅛; bromide of potassium gr. iij.; common salt ʒ ss. This butter is eaten during the day on very thin slices of bread.—*Dublin Med. Press.*

*Phlegmasia Dolens relieved by Cold Water.*—The following case, isolated as presented, may not be of very great interest or importance, either to yourself or the readers of your most excellent Journal; for which reason I would not even claim for it a place among the many instructive productions found on its pages. If I succeed by the report of this case in eliciting from you or your contributors an opinion in regard to the treatment adopted, my object will be fully accomplished.

And as the object of an editor is to collect from every possible source, materials out of which to form conclusions and to arrive at *facts*; which, when expressed to the profession, we feel under obligations to receive as such, founded upon true data; perhaps this may be of some service in making your collection of cases.

On the 2d day of April, 1852, I was called to attend Mrs. A. in her first confinement. The labor progressed rapidly, and she was soon delivered of a fine, healthy child, with no untoward symptoms except excessive flooding, which, after great prostration was arrested by the ordinary remedies. She was doing well up to the 9th, when she complained of a pain, which she described as a "cramping pain," in the calf of the right leg; this continued to increase during the following twenty-four hours, until it became of the most excruciating character; then successively the thigh, groin and hip became affected, the pain becoming more severe as the disease advanced; at the same time the limb was hot and swollen; in short, I might say, that there were present all the symptoms of a veritable case of *phlegmasia dolens*, perhaps, more properly termed crural phlebitis, commencing as it sometimes, but not frequently, does at the lower instead of the upper part of the limb. This case was treated in the ordinary way with the exception that general depletion was not resorted to, which was inadmissable, on account of the great debility occasioned by excessive flooding at the time of her accouchement. The remedies seemed merely to act as palliatives, without checking the progress of the disease; for on the 20th, the same symptoms began to make their appearance in the left leg that had been complained of in the right.

Being satisfied that if my patient was to suffer again what she had just passed through she must certainly succumb (for it had already become necessary to use stimulants pretty freely), I determined upon a different course of treatment. I ordered a tub of the coldest spring water, directing it should be constantly poured upon the left leg for half an hour, after which wet cloths were to be applied for the same length of time. These applications were made to the whole limb, for the thigh had now become affected.

The next day my patient informed me, that the limb to which the water had been applied felt much better, though it was still very painful, and I discovered on examination, that the redness along the course of the vessels and swelling had somewhat subsided. The right leg was still painful. I di-

rected the same application to both limbs to be repeated, at least twice during the day; which was again followed by very great relief. Indeed, it was only repeated for four successive days, when the inflammatory action had entirely subsided, and my patient was free from pain. It is unnecessary to state that her recovery was speedy from this date.

Without comment I leave it with you and the profession to decide upon the propriety of the indiscriminate use of cold water in such cases, before the cessation of the lochial discharge.

In this case there were no bad effects; no suppression of the discharge; but what the consequence of its application at the onset of the disease might have been I do not pretend to say. I also leave the case for the blind exultation of the Hydropathists, without going into an argument to prove that the use of water in this case is not empirical, but that it is scientific practice, founded upon the true pathology of the disease; which is essentially of an inflammatory character, whether this inflammation be seated in the absorbent or venous system. —*New Orleans Medical and Surgical Journal.*

*Diseases of Women unconnected with Pregnancy.—Final cause of Menstruation.*—Dr. F. Ramsbotham, has published a short paper, enunciating views, which have given rise to considerable discussion. He admits to the fullest extent the ovular theory of Bischoff and Pouchet; but, in addition, he propounds the hypothesis, that the menstrual secretion and the dicidua are convertible phenomena, the one or the other occurring as impregnation does or does not take place. This identity of the two products, he thinks, is established by the following considerations:

An ovule, he observes, ripe for impregnation, parts from the ovarium and is grasped by the fallopian fimbriæ. At the same time, nature establishes an action in the uterus for the purpose of preserving it, provided it becomes impregnated. In this case, the fluid formed is retained in the uterus, and becomes gradually converted into deciduous membrane. If on the contrary, for want of impregnation the ovule perishes, then this fiuid, being no longer required, is allowed to pass away and becomes the menstrual fluid.

This view, the author thinks, is strengthened by the fact, that the menstrual fluid and the decidua seem both to be the poduct of the same tubular glands; that the decidua, when first formed, is a viscid fluid; and that, in dysmenorrhœa, a membrane is not unfrequently formed in the virgin uterus, which

has very much the external character of decidua; that those females who menstruate irregularly or painfully, are not so obnoxious to pregnancy as those in whom the function is normally performed; and that in lower animals, in which there is no menstruation, there is no deciduous membrane.—*The half-Yearly Abstract of the Medical Sciences.*

*A Purple-red Ink for marking Linen.*—The place where the linen is to be marked is first wetted with a solution consisting of three drachms of carbonate of soda, and three drachms of gum arabic, dissolved in an ounce and a half of water, then dried and smoothed. The place is now to be written on with a solution composed of one drachm of chloride of platina dissolved in two ounces of distilled water, then allowed to dry. When quite dry, the writing is to be painted over with a goose's feather, moistened with a liquid consisting of one drachm of protochloride of tin dissolved in two ounces of distilled water.—*Annals of Phar., from Bottger's Polyt. Notizblatt.*

*Fly Poison.*—The danger of using the article commonly called Cobalt or Fly-Stone, the activity of which depends upon the arsenic it contains, renders it desirable to get an innocuous substitute for it. The Swiss, it is said, are in the habit of using, very effectually, a strong decoction of quassia amara well sweetened with molasses. The flies being fond of it seek it with avidity and are very promptly destroyed.

It is said that an infusion or decoction of poke root or the juice of its berries, made sweet with molasses, will very effectually destroy cockroaches. We have tried strewing the floor with cucumber peelings, and found it better than anything we ever used for getting rid of these filthy insects.—*Southern Medical and Surgical Journal.*

*Neuralgia.*—Cazenave recommends in facial neuragia, an ointment composed of chloroform 20 parts, prussiate of potash 10 parts, and lard 60 parts; a piece the size of a walnut to be rubbed over the painful part. An oiled silk cap is then to be worn for some time.—*Med. Times and Gazette.*

*Error in Binding.*—Our attention has been called to an error committed by the binder in putting up the July No. of the Lancet. We have no means of knowing how many of these imperfect copies have been distributed; but if those who have received such will *return* them, and they shall be supplied with corrected numbers.

*Medical College of Ohio.*—It will be seen by reference to the advertisement, that several changes have occurred in the above institution, and that the vacant chairs have been filled by recent appointments. It is not our privilege, as members to the Faculty, to pronounce it eulogy; but we are at liberty to insert the following statement by the Board of Trustees, which appears in the Annual Announcement:

In submitting to the profession the 34th Annual Announcement of the Medical College of Ohio, the Trustees desire to state briefly its present condition and prospects.

The Trustees have had to lament, in common with the profession generally, the frequent changes which have occurred in the Faculty of this institution; and it cannot be doubted that these mutations have materially impaired the usefulness of the school, and diminished public confidence in its final success. It is true the Medical College of Ohio is so constituted and endowed, that its failure is an impossibility, but still the many changes which have occurred are calculated to impress the profession with the belief ttha the institution is unstable, and may ultimately fail.

The past history of the school shows that it has been the unfortunate subject of intestine broils and frequent mutations from its earliest existence; and the fact that it has survived so many revolutions, and still preserved a very fair degree of prosperity, is no inconsiderable evidence of its great natural advantages and capabilities of success. It is not the purpose of the Trustees to trace the causes of these difficulties; but it is quite apparent that they have arisen in most instances from old animosities and feuds, and from a want of congeniality of tastes, habits and interests. Professors have often been thrown together who had received their education and early impressions at remote points and in very different communities; and, again, with the view of securing talent and influence, consolidations of different Faculties have been made, and thus, persons of long cherished animosities were thrown into immediate contact; so that *harmony*, (that element so essential to success) has never existed, for any considerable length of time, in the Medical College of Ohio. To these causes of mutation may be added the fact, that the Board of Trustees were subject to be changed, by the Legislature, every third year, so that no uniform policy could be carried out on the part of the governors of the institution.

At the close of the past session, it became apparent that the Faculty would, in part, undergo another change. The death of a distinguished member at the opening of the session, the declining health of another, and various causes operating on other members, resulted in the vacation of several chairs. In supplying the vacancies thus created, it became a serious question as to the true policy to be pursued. It became a matter of anxious deliberation whether an effort should be made to secure persons of eminence from a distance, or whether it was not due to the profession of the West, and interests of the school, to limit the selections to those sections of country from which patronage is measurably derived. In reviewing the whole subject, the Trustees were fully impressed with the belief, that as a mere matter of policy, the interests of the school would be best subserved by introducing Western Professors into the several chairs. With any other policy they could but anticipate a repetition of the past difficulties involving constant changes; while the selection of competent persons from the West, whose habits, education, tastes and interests were congenial to each other and to the pupils they were to instruct, would be most likely to secure harmonious co-operation in the great work before them, and thus insure the permanency and success of the institution. This, indeed, is a course of policy which has been long and strenuously insisted on by the profession itself, and the truth of which has been admitted and advocated by many members of the Board of Trustees.

In relation to the newly appointed Professors but little commendation is required, as most of them are extensively known as able and well tried teachers. It may be remarked, however, that in making these selections, the Trustees discarded all personal predilections and prejudices, and looked alone to the qualifications of the different candidates, and their adaptation to the several chairs in which they have been placed; and it is gratifying to be able to add, that each one has been placed in the position for which he is particularly qualified, both by taste and special study of the department. Thus each one is at once fully prepared for the duties of his chair, without the necessity of preparing himself after its responsibilities have been assumed. In confirmation of the above opinion we need only advert to the occupants of the different chairs. The Professor of Anatomy is well known as the able and efficient teacher who occupied the same place in this school during the Session of 1849–'50. He is, indeed, one of the most thoroughly educated anatomists in the United States, having had a preliminary training of eight years as Demonstrator in the University of Louisville. During this period he literally lived in the dissecting room, and thus soon became a most accurate and accomplished anatomist. The Professor of Chemistry has for several years occupied public positions as a teacher; and he has given abundant evidence of a most enthusiastic devotion to his department, accurate knowledge, and fine abilities as a lecturer. Those who know him best are satisfied that no one of his age is entitled to higher confidence as a teacher of Chemistry. The Professor of Physiology and Pathology has for the last six years lectured on these

departments; and those who are familiar with his qualifications bear testimony that he is a clear, pleasant and elegant lecturer, and has few if any superiors in our country. The Professors of Surgery and Obstetrics, although they have not hitherto lectured on their respective departments, have, nevertheless, given the most ample evidences of qualifications for their chairs. The Professor of Surgery has been an extensive practitioner for a number of years, and the testimony of medical gentlemen is, that he is a fine practical Surgeon, operating with great dexterity, skill and judgment. He has, also, in another institution, given evidence of fine abilities as a lecturer. The Professor of Obstetrics has been a practitioner of his department for many years, during which time he has been extensively engaged in the duties of a practical obstetrician, and has afforded undoubted evidence of the highest attainments as a practitioner of this department. In addition to this, he has carefully cultivated a knowledge of the diseases of women and children, and is, therefore, amply qualified to give practical instructions to his class. The Professor of Surgical and Practical Anatomy has had a large experience in the departments which will come under his care, both practically and as a teacher. There is every reason to believe that he will give great efficiency to the department of Practical Anatomy —a department which is so highly valued by students, and which may be justly regarded as one of the strongest arms of the school.

The Trustees have deemed it not only their privilege but a duty to say this much of the newly elected portion of the Faculty, not, however, in a spirit of boasting or invidious comparison, but as an evidence of the care with which the selections have been made, and the gratifying success which has crowned their efforts to secure an able and efficient corps of teachers. And they have only to add, that the members of the Faculty are all young men, and yet of ample experience in their several departments; that they possess learning, ability, and industry; that they are thoroughly *Western* in their habits, tastes, and predilections, and may be regarded as permanently fixed in their several positions.

And in regard to the permanency of the Board itself, it is proper to add, that the Legislature elected the Trustees, in 1851, for a period of ten years, so that their continuance in office will secure a uniform policy, and, they trust, ultimate success. They erected an elegant and convenient edifice, by their own efforts, which is an ornament to the city and a credit to the Profession. They are gratified to state, also, that the financial condition of the institution has been so arranged as to relieve it from embarrassment, and to fulfil all its obligations.

JOHN P. FOOTE, *President.*

J. L. VATTIER, *Secretary.*

# Western Lancet.

EDITED BY

L. M. LAWSON, M. D.,

PROFESSOR OF PATHOLOGY AND THE PRACTICE OF MEDICINE IN THE MEDICAL COLLEGE OF OHIO.

AND

T. WOOD, M. D.

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FEMALE MEDICAL EDUCATION has assumed sufficient importance to claim for itself the establishment of a College devoted to its interests; and the many strong appeals made to the public in its behalf, serves at least to present the subject as one of the topics of the day worthy of a passing notice. Our attention has been directed to the subject at this time, by finding on our table a pamphlet entitled "*Fourth Annual Announcement of the Female Medical College of Pennsylvania, located in Philadelphia &c.* In looking over the list of the Faculty, we observe the names of *three* females and *four* males. One of the females is Professor of Physiology, another of Obstetrics, and the third is *Demonstrator of Anatomy*.

The perusal of a document of this character suggests two inquiries; first, what are the advantages of the mingling of men and women in the business of teaching in a Medical College; and second, what advantage will accrue to the public from the introduction of *female* practitioners.

The introduction of female teachers in the College, has some reference we suppose, to the *sex* of the pupils to be instructed; and it has probably been inferred, that it would be more *delicate* for a female to teach *Obstetrics* and *Physiology*, than that the instructions should come from a man. On no other principle can we account for the introduction of these female Professors; for it can hardly be presumed that Ann Preston was the ablest physiologist, Martha H. Mowry the most distinguished obstetrician, or Almira L. Fowler the most efficient Demonstrator of Anatomy who could have been procured. It must have been then, on the score of *delicacy* that these females were introduced. And this opinion is further strengthened by the fact, that one of the Professors of this College delivered a lecture, a session or two since, on the great *indelicacy* of men practicing obstetrics. However, it was remarked at the time, that there was no more indelicacy in a man practicing obstetrics, than in one teaching that department; and as the females had not then been introduced, the sapient reformer was convicted of a very foolish inconcistency. *Now* however, they have introduced a certain number of females, and, therefore, *seem* to stand *rectus in curia.*

But let us see how this matter of delicacy stands in the Faculty of the Female College. It is true, there is a female professor of *obstetrics*, which will save the lady-pupils the terrible shock of hearing and seeing a male lecturer demostrate the pelvis, describe the process of parturition, and the diseases of females. But in the next lecture-room these same delicate and blushing creatures (men and women) will find a man (at least a thing with pantaloons) most valliantly lecturing on *Anatomy*. Of course, if the learned Professor performs his duty properly, he must of necessity demonotrate every thing pertaining to the human system, which would be about as indelicate as a lecture on obstetrics. How such lectures (admitting the *delicacy*) would be borne by such a class, is no business of ours to determine; but we *might* readily enough fancy the dismay which would accompany such a scene, together with the collaterals of fainting, cologne and white handkerchiefs.

We do not readily perceive, therefore, the advantage or propriety of this mixing of men and women in a Faculy, and unless it be for the purpose (of which there can hardly be a doubt) of ex-

citing popular attention by the novelty, of female lectures, and as a means of attracting female pupils, we see nothing but folly, absurdity, and a stupidity in the arrangement.

The second, and most important question is, what advantage will accrue to society by the iotroduction of female practitioners? It will hardly be contended that women are better adapted to the practice of medicine, surgery and obstetrics than men; that they are mentally or physically superior to the opposite sex, or that the demand is too great to be supplied without their introduction. Finding, therefore, no valid reason for the employment of female practitioners in the actual necessities of the case, we must look to some other source for an explanation of the enthusiasm of this branch of so-called reformers. We believe, indeed, that but one plausible argument has ever been offered in support of female doctors, and that argument is the same omnipotent delicacy to which we have already alluded. It is contended that the practice of obstetrics by males, is indelicate and improper, and that females alone should practice that branch of our art. This seems to be the only available plea for the substitution of female for male practitioners.

In regard to this plea, we feel great difficulty in speaking; not indeed of any doubts or perplexity on the subject, or any very great desire to shield the parties from the odium which they so justly merit; but it is a question which is so unnatural, and the inferences so repugnant to every sentiment of refinement and delicacy, that we feel more like casting the base insinuation back into the teeth of those who make it, than to argue calmly and patiently for what is so obviously true. On this subject there can be no difference of opinion. The voice of the whole profession will unite in one general and unmingled condemnation of such an unjust aspersion. It is, indeed, proverbial, that male obstetricians uniformily treat their patients with the most marked tenderness and delicacy, and a female never welcomes a visitor with more sincerity and esteem than he who has stood by her in these hours of trial and danger. Instead of lighting up improper passions, such scenes give rise to the purest and most abiding friendship. It may be said, however, that females are sometimes too delicate to communicate their sufferings to physicians, and that as a consequence, their diseases progress unchecked; but if such example

ever, they are too few to have any weight in such an argument and therefore, require no special remark.

If, then, there is no just ground, on the score of delicacy, for, the substitution of female practitioners, is there any reason why female colleges should be fostered, and female doctors sent abroad to demand a "portion of public patronage," and to struggle in the rivalry of the medical profession? We are free to confess our inability to find any apology for such a course. On the contrary, the objections which might be used, are numerous and cogent If females could be permitted to sit in an office, and write prescriptions with dainty fingers on gilt-edged paper, it might not be so highly derogatory to female dignity and propriety; but when it becomes necessary (as assuredly it would) to traverse streets and alleys in the darkness of night, and, what is still worse, trot off on long mid-night rides in country practice, we apprehend that there would be more "delicacy" involved than in the piactice of obstetrics by males. It is true, females *might* do all this and much more; they might become lawyers, steam boat captains, militia colonels, while the men would seek the humbler duties.

> Moustaches for ladies, whiskers and canes;
> Edith Montrose cures bruises and sprains,
> Lectures on surgery, amputates limbs;
> Horace G. Neal makes bonnets and trims.

They might, we say, do all this, but the effect would be to *unsex* them, rob the domestic circle of ts chief ornament, society of its strongest bond of union, and thus, send a poisoned arrow into the very heart of morality and virtue.

Those who advocate the introduction of female practitioners, point with peculiar triumph to the the existence of this class in France, and to the brilliant names which adorn the pages of professional works. All this, however, argues nothing in favor of the female *general* practitioner. In France, it is true, females are regularly instructed, at the *Ecole D. Accouchement*, in the theory and practice of midwifery, how to vaccinate and bleed, and some knowledge of Medicinal plants; but the principal business of the *sage-femme* is to attend hospital patients, under the direction of a physician; or in general practice, to attend to simple cases only, always being required to call in a physician when instruments

become necessary. There are in France four or five hundred women licensed to practice in this way; but their business is confined chiefly to the lower classes.

In all this there is nothing very flattering to female vanity or science; and we apprehend that France would not be the less prosperous if the whole system were abolished.

It may not be generally remembered, that the introduction of *male* accoucheurs in France, dates back only to the year 1663. Prior to that period, females were the common attendants, and the art remained in a very low condition. In the year 1663 the Duchess de la Valliere employed Julian Clement to attend her; but she is said to have removed to a private house, and wore a mask during the parturition, so that the physician remained ignorant of the name and rank of his patient. Very soon, however, the success of Clement attracted the notice of Louis the XIV, and he was appointed accoucheur to the Princesses of France. Thus was secured the introduction of male accoucheurs, and with it many salutary reformations of long existing abuses. Females were, for the first time, allowed fresh air, and many similar hygienic regulations, so that they were no longer treated for disease; and the consequence was, a material abridgement of the period of confinement.

But we need scarcely pursue the subject further. No one can believe women adapted to the business of a toilsome general practice, or the bloody scenes of surgical operations; it is contrary to their nature and habits, and is, therefore, unnecessary and improper. In a spirit of charity, however, we can but wish our four male and three female brethern of the Philadelphia College a pleasant and prosperous time; but we cannot hope much for the result. It is true, our country and age are prepared to be largely experimented on; but we greatly mistake our knowledge of human nature, if *females* will trust themselves in dangerous and difficult cases, to the hand of their sisters. They will demand, in those trying hours, a more steady nerve, a surer hand, and a *broader sympathy* than their own sex can afford; and they will doubtless exclaim, in the piquant language of Fanny Fern: "Nothing that wears a bonnet shall feel *my* pulse."

# Original Lectures, Essays & Communications.

## *Prize Essay on the Zymotic Theory of Essential Fevers and other disordered conditions of the Blood; together with an Appendix on Medical Theories and Vital Statistics.* By SAMUEL G. ARMOR, M. D., Professor of Physiology and Pathology, in the Medical College of Ohio.

"I profess a liberal medicine; I am neither of the old sects nor new, but follow wherever they cultivate truth.—"KLENIUS.

There are few inquiries in pathological science of more interest than those which relate to changed conditions of the Blood; for whether we regard it as endowed with a distinct vitality, and obedient to the general laws ol cellular growth, development and decay; or as ministering to the nutritive and textural wants of the system in the elaboration of fibrin from elements furnished by primary assimilation; or as connected with important chemical changes essential to a healthy action of the system;—whether we regard the blood as contributing to one or more of these purposes in the animal economy, it becomes at once evident that destruction of its vitality, or change in any of its constituent elements, must be followed by serious constitutional disturbances. Hence the interest with which its diseases should be studied, and the importance of understanding in a curative point of view, the primary or secondary impression of disease upon this fluid.

It must be cofessed, however, that the question of *priority* or *sequence* although of much interest to him who thinks or reasons about the nature, origin and phenomena of disease, is often one of difficult solution. But to arrive at greater certainty on this point, if possible, so far at least as relates to the Essential Fevers, is the object of this Essay: and if I shall succeed in any degree in the pointing out the distinction between *symptoms* of diseased action and *diseased action itself*, I will have to some extent, at least accomplished my object.

In M. Andral's classification of Lesions, in which he makes *all* disease to exist, he embraces some in which no *notable* change of either *organization* or *composition* can be detected. Yet it is worthy of inquiry as to whether this

eminent pathologist has not included in his lesions, some which are but *symptoms*, not properly diseases—*actions* and not *states*.

It is not my purpose, however, at present, to enter this field of inquiry. I desire to call attention to another question in which no such controversy can arise.

In the Essential or Idiopathic forms of fever it is evident that change has been induced in the blood by the admixture of *foreign matters*. The proof of this consists in the fact: 1st, That diseases analagous to those fevers have been induced by injecting putrid matter into the veins of animals: 2d, These fevers are readily produced by the introduction of animal poisons into the blood, as in the case of small pox, measels, &c.: 3d, These poisons are known to operate through the medium of the air, by thus gaining access to the blood through the lungs: 4th, The non-contagious fevers such as Intermittents and Remittents, are universally admitted to depend upon a poisoned or changed condition of the atmosphere: 5th, Actual observation establishes the fact that the blood *is* altered in all Essential or Idiopathic fevers.

The best point of departure, therefore, is the general fact (for it should be regarded as such), that all Esential fevers depend *primarily* on a poisoning of the Blood, and the proof as to primary impression will be given in illustration of the facts already cited.

It must not be inferred, however, that I am laboring to establish the *identity* of fevers. No such inference can be legitimately drawn from any fact or reason which I shall present. True, so far as the general fact is concerned that all foreign matters, when introduced into the blood, change either its physical, chemical, cr vital proprieties, all Essential fevers may be regarded as a *unit:* Yet observation abundantly establishes the fact that different poisons act differently on the human constitution, and upon the peculiar and specific character of each depends not only the destructive effect on the blood, but the local lesions that will ensue. Urea and its compounds, if retained in the blood, affect the brain and nervous system, and are apt to give rise to a low grade of inflammation in serous and sero-fibrous tissues; while mucous structures will suffer but little. But the small pox virus spends its force upon mucous and cataneous structures, and leaves, unharmed, the serous and fibrous structures.

There can be no explanation given of this other than the general fact that the tissue or vicus affected seems to be that

which has an affinity for the poison which has to be eliminated from the blood. In this process of elimination and its sequela are excited, and local disease becomes manifest. Hence all Essential fevers should be regarded as distinct in species *according to the circumstance of the primary sedative impression.* This is the only true and rational classification of fevers.

We feel authorized in asserting, then, as a starting point in our reasonings,—what observation abundantly establishes,—that each specific miasm has its own peculiar and distinct law of development. But in the absence of reliable information as to the *essential nature* of these miasms it would be idle to speculate. Our knowledge on this point, must, at least for the present, rest on observation.

But it will be at once perceived that our knowledge of the action of remedial agents is not more certain. Indeed the perfect analoge of one is found in the other, and the reasoning applied to one, applies with equal force to the other. Thus, that Mercury will excite inflammation of the salivary glands; Arsenic, the mucous structures; Belladonna, the skin; Ergot, the uterus; &c., has long been a matter of observation. But *why* they should do so is just as obscure as why the Typhoid poison should select for its destructive action the glands of the Peyer, or the Small Pox poison should spend its influence upon the dermoid structures. The articles of the Materia Medica furnish a just illustration of the action of all foreign substances in the production of disease. Mercury, Arsenic or Croton oil if uncontrolled by the judicious skill of the physician, is capable of giving rise to diseased action with as much certainty and as varied in its manifestations, as eithr of the animal poisons to which I have alluded; and analogy would lead us to suppose that if we could *control* the one, as we can the other, miasmatic poisons might be used as therapeutic agents. That all agents that affect the vitality or compositon of the blood, bear certain general pathological relations, cannot be doubted: but that by no means proves the doctrine of identity. As well might we assert the identity of Small Pox and Typhus fever from the fact that the fibrin of the blood is found defecting in both.

An important point, however, to be established, before conclusions are drawn, is the fact that the blood does undergo change in disease, and from medication, diet, &c.; for if this be denied, our conclusions will be without a predicate, and therefore unsound. But the chemists, have, happily, settled

this point by furnishing us acurate analysis of the blood both in health and disease. In the condition of health the venous blood of a man, as represented by the number 1000, is composed of

| | |
|---|---|
| Serum - - - - | 869.1547 |
| Globules (fibrin included) | 130.8453 |
| | 1000 |

This varies, however, according to sex, age, temperament, kinds of food, evacuations, &c. The rapidity with which some of the solid constituents of the blood are diminished by blood-letting, for example, is very remarkable. Thus according to the researches of Dumas, the blood of a robust young man of 23 years of age gave,

At the first venesection,

| | |
|---|---|
| Water, - - - - - | 780.210 |
| Globules, - - - | 139.120 |
| Albumen, Salts, Fatty and extractive matter, | 80.661 |
| | 1000 |

At the third venesection,

| | |
|---|---|
| Water, - - - - - | 853.46 |
| Globules, - - - - - | 76.19 |
| Albumen, Salts, Fatty and extractive matters, | 70.35. |
| | 1000 |

The more solid constituents of the blood, it will be seen, are rapidly supplied by a compensating qantity of non-sanguinous fluid; and hence the value of blood-letting when it is desirable to promote absorption.

Diet and drinks also very readily affect the constitution of the blood. According to M. Dennis, in the blood of a young man of 21 years of age, were found:

| | |
|---|---|
| Water, - - - - - - | 770 |
| Globules, - - - - - | 154 |
| Albumen, &c., | 76 |
| | 1000 |

And after 40 days use of watery drinks:

| | |
|---|---|
| Water, - - - - - | 804 |

| | |
|---|---|
| Globules - - - - - | 111.9 |
| Albumen, - - - - - . | 84.1 |
| | 1000 |

It will be thus seen that the blood is very readily changed in its constitution of blood-letting, diet and exercise. It sustains direct relations also to the air we breathe, to the water we drink, to the food we eat, and to the excretions of the body by which it is purified: and that a fluid which is presented to us in such a compound and complicated form, and sustaining so many relations to the various modifying influences which surround it, should not become a frequent seat of *disaese*, would be indeed an anomaly in nature.

Among the various hypotheses to account for fever, a Zymosis, or fermentation of the Blood, has prevailed under one form or other from a remote antiquity. But it has been so inseparably connected with the old Humoral pathology that it has received little consideration. Recently this hypothesis (for I shall regard it as such at present) has been rendered, to say the least of it, very plausible by the researches of the distinguished Liebig.

In his "Animal Chemistry" he calls attention to the fact that no other component part of the organism can be compared to the Blood in respect of the feeble resistence it offers to exterior influences, and the reason assigned is, that "it is not an organ which is formed, but an organ in a state of formation." The following quotation embodies in a few words, the main leading thought of the author on this subject:

"*The chemical force and the Vital principle hold each other in such perfect equilebrium, that every disturbance, however trifling or from whatever cause it may proceed, effects a change in the blood.*"

This, then, is an important starting point in our reasoning process; for if it be really possessed of a low vitality, we may logically arrive at the conclusion, by an *a priori* argument, if we knew nothing of the facts in confirmation of it, that all fevers produced by endemic, epedemic, or infectious causes, have their origin in a primary diseased condition of the blood.

A Zymotic change of the blood is due, according to Liebig, to a decomposing organic molecule in the interior of the human body. This molecule, by a law of catalysis, induction, or contract, has the power of imparting its own motion to another molecule with which it may be in contact. Hence

chemists have defined it to be "decomposition by contact," or the "action of presence." We have illustrations of this law in the power which small quantities of substances, in a state of change, possesses of causing unlimited quantities to pass into the same state: and it is an interesting fact, worthy of note, in this connecion, that all substances which readily suffer this transformation are without exception, bodies which contain *nitrogen*. A large portion of the blood being composed of this element, we might readily conclude that it is the vital principle alone that keeps it from spontaneously passing into this conditton of transformation. If the catalytic force be greater than the resistance offered by the Vital principle, the blood must pass into a condition of decomposition.

It may be asked however, with reference to this law of Zymosis or induction; is there any evidence to show that the introduction of putrid matter into the animal system does give rise to effects which are at all comparable with those of fever? If not, the law which has been announced is but a speculation, and at best an hypothesis. But let us see. "It is a fact," says Liebig, "that subjects in anatomical theatres frequently pass into a state of decomposition which is communicated to the blood of the living body." And the fact observed by Magendie, that putrifying blood, brain, eggs, &c., laid on recent wounds, cause vomiting lassitude and death, after a longer or shorter interval, has never, as yet, been contradicted. Numerous experiments have demonstrated that putrid matter injected into the blood of healthy animals, will give rise to a set of symptoms which are very analagous to Typhus. "If a small portion of putrid mater, says Dr. Armstrong, "be accidentally introduced into the blood during dissection, or if the experiment be made upon the lower animals, it produces fever, having exactly the characters of Typhus under its continued form, and *no individual could confidently pronounce that it differed from it.*" Bernard has also shown that by injecting yeast or sugar into the circulation, many of the ordinary kinds of fermentation are excited, giving rise to a disease very analagous to Typhoid fever, accompanied by prostration of strength, bloody fluxes, ecchymosis, and a black and uncoaguled condition of the blood. "Lastly, it is," says Liebig, quoting from Henle, "a universal observation that the origin of epidemic diseases, is often to be traced to the putrefaction of large quantities of animal and vegetable matters; that miasmatic diseases are endemic in places where the decomposition of organic matter is constantly taking place, as in

marshy and moist localities; that they are developed epidemically under the same circumstances after inundations; also in places where a large number of people are crowded together with insufficient ventilation, as in ships, prisons, and beseiged places.

It is also worthy of note that these factitious fevers, produced by the introduction of deleterious substances directly into the blood, are analagous, both in their symptoms and pathological lesions, to those produced by the sting or bite of certain animals; they present, also, the same general class of symtoms that are present in Small Pox, malignant Scarlatina and other eruptive diseases.

In Mr. Walker's work on Grave Yards, he also presents an array of facts which prove beyond all controversy that putrid animal exhalations have given rise to diseases that have raged like a pestilence or epidemic. He cites an instructive instance which occurred in 1733, at the parish St. Saturnine, in Burgundy. A sexton, while letting down a corpse into the vault accidentally broke a coffin which contained the body of a fat man that had been buried twenty-three days. A discharge of sanies followed, which greatly annoyed the assistants; and, "of one hundred and twenty young persons of both sexes, who assembled to receive their first communion all but six fell dangerously ill, together with the *Curs*, the grave-digger, and sixty other persons." The disease is described as a putrid, vernimous fever, accompanied with hemorrhage, eruption and inflammation.

Facts in support of these views might be accumulated at great length. Dr. Francis Home communicated measels by means of a drop of blood from a patient affected with the disease. And the experiments of M. Gendrin, as given in Williams' Principles of Medicine, is a striking one in point: —"A man who had been skining a diseased animal was seized with a putrid fever, attended with an eruption of sloughing pustules. Some blood taken from this man was injected with the cellular texture groin of a cat; the animal was soon after affected with vomiting of bile, dyspnœa, frequent, small and irregular pulse, dry, brown tongue, slight convulsions, and died seven hours after the injection." The same pathologist induced in animals various and severe symptoms, followed by death, by injecting into their veins the blood of persons laboring under Small Pox. M. Dupuy and Lauret also communicated the malignant pustular disease known as "Charbon," by injecting into the veins of the healthy

horse a minute quantity of blood of the diseased animal. Andrel relates an extraordinary case in which a malignant fever, followed with pustular eruption and death, was occasioned by the mere contact of the lips with the diseased blood of an animal.

May we not, then, infer from these facts that the blood is the hot bed in which many malignant diseases are propogated, whether by ova, parisites, cellgerms, or zymotic action?

But our proof does not rest here. Clinical observation has long since established the alteration of the blood in diseases which are termed *putrid:* the blood appears to be in a partial state of *dissolution:* its vitality is destroyed, and its fibrin either not elaborated, or dissolved in the process of putrefaction. As a result of this decomposition an increased quantity of hydro sulphate of ammonia has been found in the blood of patients suffering from Typhus and other malignant diseases: and hence the *alkaline* reaction of the urine that is so often observed to be present in these fevers.

These observations have been made the basis for the support of a great group of maladies which go by the name of Zymotic diseases, and include, according to the statistical nosology of Mr. Farr, small pox, chicken pox, all eruptive diseases, influenza, scurvy, purpura, ague, remittent fever, yelloy fever, typhus, puerperal, plague, hospital gangrene, &c. And in proof of their Zymotic origin the fact has been offered —1st, That the vitality of the blood is low, and that it therefore readily suffers transformations; 2nd, That we can produce in animals and man facticious diseases by inocculations or injections of putrid or contagious matter, having all the characteristics of the Essential fevers; and 3d, That clinical observation establishes the fact that the blood is changed. And that the febrile phenomena present in these fevers indicate a condition of the system independent of inflammatory action, I infer from the fact—1st, That, in the absence of complication during the progress of the disease, there is no evidence of inflammation revealed by post mortem inspection; and 2nd, That the symptoms co-exist with a diminution of the fibrin of the blood, and diminished tolerance of the loss of blood. In some of the most malignant forms of fever—those in which the fibrin of the blood is at its minimum—there is often not much heat of body, and but little increase of pulse. The patient often dies in the cold stage of such fevers, without, in fact, having any fever! Evidently, therefore, the term *fever* may be used in two very different senses—in one signi-

fying a collection of symptoms depending on local inflammation—and in the other a *condition* of the system entirely independant of such inflammation. In one the term indicates the name of a *disease*, and in the other the name of a *symptom*. Hence the distinction between Essential and Symptomatic fevers, and hence the inference, also, that the Essential fevers have their origin in certain qualitative changes in the blood, caused by the introduction of foreign matters.

Further proof that the general class of diseases which have been termed Zymotic have their origin in the blood, is drawn from the symptoms usually present. These will be found accurately detailed by all standard writers on General Pathology, under the head of "*Necraemia, or death begining with the blood,*" such as petechiæ and vibices on the external surface, the occurrence of hemorrhage in internal parts, the general fluidity of the blood, its frequently dark and otherwise altered aspect, its proneness to pass into decomposition, the general prostration of all the vital powers, the dark tongue, sordes on the teeth, suspended secretion, and the general arrest of molecular nutrition. Indeed the very *universality* of diseased action points to a cause more general than can be found in any individual function.

I have thus far spoken of admixture of foreign elements in the blood from *without*. There are causes, however, which operate upon it *intrinsically* as well as *extrinsically*. Thus, defective excretion is followed by a direct *backward* action on the blood, resulting in changes of its chemical or vital properties. The excretory organs are the natural emunctories through which effete matters, generated within the organism, are expelled from the blood: the product of the various excretions may be regarded, therefore, as the correct expression of the numerous changes that are taking place both in the healthy and diseased animal fabric. In febrile diseases these organs are generally suspended in the exercise of their healthy function, an increase of perspiration, or in the flow of urine, or a spontaneous diarrhœa being generally accompanied with a subsidence of the febrile phenomena.

Relatively considered, the *kidneys* may be regarded as the most important emunctories through which morbid matter is expelled from the blood. The experiments of Orfilla on this subject are highly satisfactory. He found that the pernicious effects of small and repeated doses of arsenic could be readily averted in animals by giving them, at the same time a diuretic medicine; and the converse fact has been frequently

observed, namely, that persons who suffer from disease of the kidney, by which its function is impaired, very readily contract infectious diseases, and are apt to suffer from their effects. It has also been observed that opium, arsenic, mercury, &c., operate with dangerous energy on such patients.

The experiments of Dr. Golding Bird are very conclusive on this subject. His observations have been extensive and accurate. Two of many cases, are here given. In the first a case of ague, the patient was kept in the hospital from the 23d of May to the 16th of June following.

The following is his table of analysis:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M'y 23d. | Pass'd | 12 | ozs. | urine | and | 352 | grs. | solid | constituent. |
| " 26th. | " | 40 | " | " | " | 828 | " | " | " |
| " 28th. | " | 35 | " | " | " | 725 | " | " | " |
| " 30th. | " | 48 | " | " | " | 1054 | " | " | " |
| " 31st. | " | 45 | " | " | " | 743 | " | " | " |
| June 2d. | " | 35 | " | " | " | 514 | " | " | " |
| " 4th. | " | 30 | " | " | " | 879 | " | " | " |
| " 6th. | " | 27 | " | " | " | 1036 | " | " | " |
| " 7th, | " | 35 | " | " | " | 436 | " | " | " |
| " 9th, | " | 40 | " | " | " | 1172 | " | " | " |
| " 11th. | " | 45 | " | " | " | 742 | " | " | " |
| " 13th. | " | 40 | " | " | " | 916 | " | " | " |
| " 14th. | " | 43 | " | " | " | 984 | " | " | " |
| " 16th. | " | 37 | " | " | " | 1044 | " | " | " |

There was a decided improvement, says Dr. Bird, on the 30th, severe paroxysm on the 3d, better again on the 6th, and no return of the ague after the 9th.

In the second case of ague—girl aged 19—patient was kept in Hospital from 23d of May to June 7th. On the 23d of May there was a severe paroxysm, and the amount of solids excreted was 280 grs. On the 27th she had a return of paroxysm and there were 280 grs. solid constituents in the urine. On the 28th she was better, and the solid constituents amounted to 538 grs. On the 30th they amounted to 625 grs. and from this time the patient rapidly got well.

In this, also, it will be observed that *pari passu* with the patient's improvement there was an increase of the solid constituents of the urine. In typhus and other adynamic forms of fever, the same facts have been observed.

Are we to infer, however, from these observations, that defective excretion is the primary *cause* of the fever? By no

be said to be Nature's mode of cure; and in the absence of reliable knowledge as to the nature of the poison and its antidote, the physician can only aid nature in her work of elimination. This he attempts by the administration of tonics, stimulants, supportants and depurents. The powers of life must be supported while Nature effects the cure. But even in her own work of depuration Nature may be greatly aided. The kidneys, skin, aud alimentary canal are the principal channels through which foreign ma'ters are expelled from the blood; and hence the utility of diuretics, aperients, and so-called *Water cure.* The latter, by a combination of diuresis and diaphoresis may be rendered a most powerful therapeutical agent in cutting short a fever in its promonitory stage, or at its final accession. The absurdity of hydropathy, as a one-idead system of cure, in its blind indiscriminate application to every variety of disease; and it is to be regretted that a remedy of such a valuable therapeutic power is frequently brought into undeserved disrepute by falling into the hands of ignorant intermeddlers with nature.

If the views of the pathology of Essential fevers which I have presented, be correct, it is almost impossible to avoid giving assent to the doctrine that regards the fever as an effort of the "vis medicatrix," instituted for the purpose of expelling the poison from the system; and, while it repudiates the doc'rine of the boasting fever curer, as well as the doctrine of non-interference, which has been aptly styled a "meditation on death," it rests upon the great physiological truth, that Nature is ever active in her recuperative powers, and is after all the best and wisest of physicians.

This pathology also offers the most rational explanation of the modification of diseased action growing out of prevailing *epidemic influences.* It fixes the mind upon two controlling elements of disease; *first*, upon the depressing effects of the local inflammatory or functional complication that many a Zymotic poison by inducing changes in the blood; *second*, be engrafted upon and influenced by this altered condition of the blood. It thus draws the line of demarcation between general and special pathology, by keeping in view *constitutional conditions as modifying local action*, and by this means enables us to comprehend the most importaut question, practically considered, within the wide range of medical inquiry—the distinction between *Sthenic and Asthenic* diseases, between depressed and altered action. Its tendency is to give us broader views and clearer conceptions of the varied ele-

ments of disease, as they act and re-act, and insensibly shade into each other.

It modifies, moreover, and renders more rational, the *treatment* of disease. Does an inflammatory affection overtake one whose blood is contaminated by an epidemic influence, or by putrid emanations, vegetable or animal; or whose blood is only imperfectly or badly repaired by insufficient or unwholesome diet?—then, of course, the inflammation is *asthenic* in character, and blood-letting and other antiphlogistic remedies must be resorted to, if at all, with great caution. If the blood has been "touched corruptibly" by an epidemic influence, or a typhoid poison, we must husband rather than depress the flagging powers of life. To adopt, in such cases (as we fear is too often done), the ordinary treatment for an acute pneumonia or dysentery, as the case may be, regardless of the evidence of *blood disease*, such as loss of tone and strength of the vascular system, sluggish functions, dull mental faculties, feeble and compressible pulse, and brown or dark tongue, would be to hasten the dissolution of the patient, and bring both doctor and medicine into disrepute. The great secret of success in the treatment of disease is to be found in a broad, comprehensive and rational pathology,—a pathology that weighs every element of disease, whether of fluids or of solids, that is capable of exciting, depressing, or perverting vital actions.

I have thus ventured to present a few facts with the hope of calling attention to a subject which may not, as yet, have occupied the minds of some members of the profession: and although I may have presented but a dim vision of the true light, yet "I TRUST I HAVE GOT HOLD OF MY PITCHER BY THE RIGHT HANDLE."

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NEW CUMBERLAND, *July 1st*, 1853

*To the Editors of the Western Lancet:*

Having lately met with a freak of nature in my obstetrical practice, in the shape of three living healthy children at one birth, and as the case was one fraught with eminent danger, I take the liberty of laying it before you in detail; and if you think it sufficiently interesting for a place in the Lancet, it is at your disposal. Here it is.

Mrs. W., æt. 39 years, residing two miles of New Cum-

be said to be Nature's mode of cure; and in the absence of reliable knowledge as to the nature of the poison and its antidote, the physician can only aid nature in her work of elimination. This he attempts by the administration of tonics, stimulants, supportants and depurents. The powers of life must be supported while Nature effects the cure. But even in her own work of depuration Nature may be greatly aided. The kidneys, skin, aud alimentary canal are the principal channels through which foreign ma'ters are expelled from the blood; and hence the utility of diuretics, aperients, and so-called *Water cure.* The latter, by a combination of diuresis and diaphoresis may be rendered a most powerful therapeutical agent in cutting short a fever in its promonitory stage, or at its final accession. The absurdity of hydropathy, as a one-idead system of cure, in its blind indiscriminate application to every variety of disease; and it is to be regretted that a remedy of such a valuable therapeutic power is frequently brought into undeserved disrepute by falling into the hands of ignorant intermeddlers with nature.

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This pathology also offers the most rational explanation of the modification of diseased action growing out of prevailing *epidemic influences.* It fixes the mind upon two controlling elements of disease; *first*, upon the depressing effects of the local inflammatory or functional complication that many a Zymotic poison by inducing changes in the blood; *second*, be engrafted upon and influenced by this altered condition of the blood. It thus draws the line of demarcation between general and special pathology, by keeping in view *constitutional conditions as modifying local action*, and by this means enables us to comprehend the most important question, practically considered, within the wide range of medical inquiry—the distinction between *Sthenic and Asthenic* diseases, between depressed and altered action. Its tendency is to give us broader views and clearer conceptions of the varied ele-

ments of disease, as they act and re-act, and insensibly shade into each other.

It modifies, moreover, and renders more rational, the *treatment* of disease. Does an inflammatory affection overtake one whose blood is contaminated by an epidemic influence, or by putrid emanations, vegetable or animal; or whose blood is only imperfectly or badly repaired by insufficient or unwholesome diet?—then, of course, the inflammation is *asthenic* in character, and blood-letting and other antiphlogistic remedies must be resorted to, if at all, with great caution. If the blood has been "touched corruptibly" by an epidemic influence, or a typhoid poison, we must husband rather than depress the flagging powers of life. To adopt, in such cases (as we fear is too often done), the ordinary treatment for an acute pneumonia or dysentery, as the case may be, regardless of the evidence of *blood disease*, such as loss of tone and strength of the vascular system, sluggish functions, dull mental faculties, feeble and compressible pulse, and brown or dark tongue, would be to hasten the dissolution of the patient, and bring both doctor and medicine into disrepute. The great secret of success in the treatment of disease is to be found in a broad, comprehensive and rational pathology,—a pathology that weighs every element of disease, whether of fluids or of solids, that is capable of exciting, depressing, or perverting vital actions.

I have thus ventured to present a few facts with the hope of calling attention to a subject which may not, as yet, have occupied the minds of some members of the profession: and although I may have presented but a dim vision of the true light, yet "I TRUST I HAVE GOT HOLD OF MY PITCHER BY THE RIGHT HANDLE."

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NEW CUMBERLAND, *July 1st*, 1853

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means. That would be an imperfect view of the pathology of these fevers. I can conceive of no instance in which a lesion of secretion can be properly classified among the *primary* elements of disease. Some change must precede it, either of structure, of inervation, or of the blood from which the secretion is formed. The examples cited simply show the curative effects of the removal of foreign matters from the blood by means of depurating organs, and at the same time, go far towards establishing the ancient doctrine of *critical discharges.*

They also serve to point out the two causes of disease which constantly present themselves for our consideration—causes *extrinsic* and causes *intrinsic.* Of these one or both may be in active operation. It is an erroneous dogma to suppose that but one poison can act on the system at a time. As rational would it be to suppose that but one medical agent can produce its effects upon the constitution at a time

I have already alluded to the fact, demonstrated by observation, that different poisons spend their influence upon different tissues of the body. Is it an unwarrantable speculation to transfer this law of *specific contamination* to the structure of the blood, and thus explain the action of different foreign bodies upon that fluid? Some poisons may be regarded as comparatively innoxious; they emerge from the body unaltered, with one or more of the ordinary secretions, others destroy some element of the blood (or its corpuscular element in the lymphatic glandular system,) so that it is never again susceptible to the action of the same poison, as in the case of some of the eruptive and contagious diseases; while others, by entering into chemical union with one or more elements of the blood essential to life, destroy its vitality and general necræmia and molecular death soon follow.

This will be recognised as an unproven speculation of the old fashioned Humoral Pathology. And, in the absence of positive proof, I do not, of course, offer it as one of the "fixed facts" in Medical Science. Yet observation, reason and analogy throw around it a *plausibility* that entitles it to still further investigation.

In submitting these views I would not be understood as attempting to sustain an exclusive Humoral Pathology; nor would I underrate the importance of pathological changes in the solids. With Bichat, I regard "every exclusive theory, whether of Humoralism or solidism, as a pathological absur

dity." The relation between them is too direct and intimate to be ever separated; neither can the one or the other ever be regarded as an "exploded" system. Humoralism will never be exploded as long as the blood is the source of life to the tissues of the body; nor will solidism be disregarded as long as the tissues continue to undergo change from altered conditions of the blood. My object is rather to fix the mind upon what I regard as an important truth, viz., that in all essential or idiopathic fevers, changes of the solids depend on previous alterations (quantitative and qualitative) of the blood.

This altered condition of the blood is soon made manifest by general febrile phenomena. The nervuos centers, depending for their powers directly upon the state of integrity of this fluid, become perverted and weakened in action; the functions of animal and organic life are depressed; passive congestion, induced by depression of nervous power, follows; and hence the torpor and arrest of glandular action, and the sluggish and languid state of all the functions so characteristic of these fevers.

The importance of all these conditions I would by no means underrate. They present to us, indeed, an exceedingly interesting field of inquiry. From an impression first made upon the nutritive and assimulative functions, we are at once introduced to multiplied elements of disease. There is not a function, not a nerve, not a gland, not a capillary vessel of the body but must feel the depressing effects of a contaminated condition of the blood. And this sluggish and languid state of the excretory organs becomes the cause of a still more poisoned condition of the blood, until this source of life becomes itself dead, and spreads death instead of life throughout the body.

The admittance of the Zymotic theory into the field of pathology would doubtless lead to greatly increased knowledge of the real nature of diseased states. In a large class of fevers it points out the only two modes of cure: 1st To counteract the injurious operations of the poisons: 2nd To expel them from the system. The first of these indications is carried out in low typhus and adynamic forms of fever by the administration of saline medicines, such as the chloride of sodium, the chlorate of potash, hydro-chloric acid, &c. Arsenic, quinine, alcohol, and other antiseptic remedies are also valuable agents, in arresting the Zymodic condition of the blood.

The other indication is the one most usually pursued; viz, to expel the offending matters from the system. This may

be said to be Nature's mode of cure; and in the absence of reliable knowledge as to the nature of the poison and its antidote, the physician can only aid nature in her work of elimination. This he attempts by the administration of tonics, stimulants, supportants and depurents. The powers of life must be supported while Nature effects the cure. But even in her own work of depuration Nature may be greatly aided. The kidneys, skin, and alimentary canal are the principal channels through which foreign matters are expelled from the blood; and hence the utility of diuretics, aperients, and so-called *Water cure.* The latter, by a combination of diuresis and diaphoresis may be rendered a most powerful therapeutical agent in cutting short a fever in its promonitory stage, or at its final accession. The absurdity of hydropathy, as a one-idead system of cure, in its blind indiscriminate application to every variety of disease; and it is to be regretted that a remedy of such a valuable therapeutic power is frequently brought into undeserved disrepute by falling into the hands of ignorant intermeddlers with nature.

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berland, Tuscarawas Co., O., the mother of six children was taken with labor pains on the morning of the 25th of March, '53, the pains continued to increase in severity, until the morning of the 26th, when I was called upon to attend the case, but being some miles in the country to see a case of fracture, and not expected home for some hours, another physician was taken to see the patient I heard nothing more of the case till 10 o'clock the same evening, when I was again summoned in great haste to see the sick woman. On my arrival the husband informed me that he thought his wife was dying, I hastened to the bedside of the patient, found the pulse merely preceptible, and intermittent at the wrist; face palid; countenance vacant, with delerium and syncope when raised from a horizontal position; extremities cold. I learned by the nurse, that the doctor who visited her in the morning, made no examination per vaginum, but considered the case premature. Left sul. morph. in full doses to be given every few hours, which the patient had done and was now not only exhausted but partially narcotised. The expulsive efforts of the uterus had ceased sometime, yet the patient appeared to be laboring under great physical suffering. On examination per vaginum, found the os-uteri partially dilated and dilatable, with the breech presenting. Placing my hand on the abdomen of the patient, I immediately suspected the case to be one of superfetation, I now ordered stimulants internally and externally, with cold applications to the head and repulsives to the extremities, also giving a strong decoction of coffee to counteract the effects of the morphine, a full dose of which had been given a short time before my arrival, under this course of treatment my patient became concious and improved in every way, except the return of the labor pains, which were entirely absent. I now ordered ergot in full doses to be given, and would have used cups to the spine but had none with me, and did not think it prudent to wait till they could be procured. This course failing to bring on uterine contraction, and the woman sinking again rapidly, I gave a ℰ of secal. cornutum. Anticipating post partum hemorrhage, I resolved upon manual assistance, and to deliver my patient as soon as possible, the woman was placed in the usual position for turning, introduced by right hand per vaginum, dilated the os uteri, cautiously yet promptly, raised the breech of the fœtus; raptured the membranes; seized the feet and delivered, the child was sligtly asphyxiated (from the use of the ergot I supposed), but was soon resussitated by the

usual remedies; the funis cut, the child handed to the nurse, I now waited a few minutes, used friction over the abdomen, hoping that the expulsive efforts of the uterus would be resumed after a portion of its contents were extracted and the distention lessened; but my hopes were disappointed, the uterus remained inert, hemorrhage and my patient continuing to sink, warned me of my duty, when I again introduced my hand per vaginum, and found a second breech presenting, manipulated as in the first case, and delivered, when the child cried lustily, cord severed and handed to the nurse; on placing my hand on the abdomen of the mother, to produce contraction of the uterus, as flooding was profuse, I distinctly felt another fœtus through the parietes of the abdoman, when I for the third time introduced my hand, when I found the breech presenting, ruptured the membrane and delivered as in the two preceding cases. The flooding now was most fearful, I now directed an attendant to grasp the uterus through the abdominal parietes, and use friction to the abdomen, at the same time a full dose of ergot was given in a stimulating draught, the uterus now began to contract, and I succeeded in extracting each placenta and membrane without further difficulty, when happily uterine contractions came on prompt and energetic, and hemorrhage ceased. On going to the side of my patient I found her completely prostrated, face blanched, pulse had left the wrist and she was in a profound lethargy, with sterterous breathing, skin cold and clammy; the case appeared to be a hopeless one, yet, I promptly used stimulants internally and externally freely, with chafing and friction to the surface, and repulsives to the extremities. This course was continued for some two hours or more, unremitting before she aroused to consciousness, but improvement now began, and continued to her final recovery, which was a very speedy one, under the circumstances. I do not detail this case from any thing new or unique, but from sparseness of such obstetrical cases. It is my opinion, had the labor been accomplished by the powers of nature, they would have all three been breech labors. Each fœtus had a distinct membranous bag, liquor amnii and placenta. There was about 14 oz. of liquor amnii contained in each membranous bag, and each placenta would have weighed about 16 oz. The trio (a male and two females) at their birth weighed 17 lbs, and at this time (July 1st) weighs 33lbs, and are fine healthy children.

Yours, respectfully, J. M. C. MOORHEAD

## *Milk from Spayed Cows.* By J. U. HECKERMAN, Tiffin City, Ohio.

Except bread alone, there is perhaps no article, that enters so largely into the consumption of man, as that of milk. As food and drink, it is extensively consumed by the adult portion of our race, it constitutes the exclusive nourishment of nine-tenths of all children under twelve months, and forms the chief diet of the remaining one-tenth.

The chemical and medical properties of milk have long been made the subject of scientific investigation, and long has the writer in vain looked for something from the pen of a senior observer on the point to which he now wishes to direct attention.

It has ever been a desideratum in the rearing of children who are denied the breast of a mother or nurse, to procure milk from an animal in which it approaches nearest to that of the human female, and which shall uniformly have the same constituent properties.

In looking over the tables which are given of the constituents of milk, we seldom meet two authors who agree in their observations; indeed so great are the discrepencies, that they only serve to confound us in confusion. This circumstance can be accounted for by the different animals experimented upon, the season of the year, the character of the food afforded, and the period of pregnancy or non-pregnancy of the animals at the time of the experiments. Taking the cow, we find that size and food among other things greatly affect the quality of milk. The milk of cows kept in the byre contains a larger amount of butyrine than is afforded by animals running at large, while the milk of the latter abounds more in cacein.

So great indeed is the influence of food upon the secretions that when cows are fed upon bitter or strong smelling grass or herbs, the taste and smell of such grass is imparted to the milk.

Milk we have already said, forms the chief diet of that unfortunate class of infants, who are reared by dry nursing, and it is estimated that three fourths of these children die; indeed it has been said that in London, this mortality amounts to seven-eighths of the whole number. Be this as it may, we do know the mortality to be very great, sufficiently so at least to demand to earnest attention of every physician.

Standard authors direct children who are thus reared, or who have been early weaned from the breast, to be supported

upon milk largely diluted by water and of sugar, without, however, any reference to the condition of the animal from which the milk is derived. This we hold to be a serious defect, to be especially so considered, when the remedy is at hand, yet seldom or never used, for lack of information upon the subject.

Lasaigne found that the milk of cows far advanced in pregnancy, contains neither casein, sugar of milk or lactic acid, but abounded in albumen and uncombined soda, while from the same animal shortly after parturition, the three first named substances were found and albumen was entirely absent.

It is now the received opinion, that upon the accession of pregnancy, the mother should no longer furnish nourishment to a former child, and that such continuance proves detrimental to the health of both parties. These views are confirmed by experience and by the habits of inferior animals.

If the milk of a pregnant woman afford improper nutriment to a child, surely the same fluid from a cow, in like condition, cannot be proper; remembering then, that cows, on an average, are pregnant three-fourths of the whole year, the inference must be that the milk ordinarily derived from these animals, is not of a proper character to constitute the diet of infants.

With a view to remedy this universally existing evil, I would suggest, to the profession, the propriety of having milch cows spayed; in order to procure milk of a uniform constituency.

The act of spaying is performed wiih facility, and is unattended with danger, the only precaution necessary being, that no food be given for 12 to 18 hours, and the milk drawn immediately before the operation; the animal becomes kindly disposed, is easily kept, will yield better, and a larger amount milk in a given time, and is with great ease brought into a marketable condition.

The steps of the operation upon the cow, are the same as upon the calf or the sow, except that it is important to place her upon the right side unless the operator be left handed. The best time for operating is about four weeks after parturition, as the future amount of milk, will depend upon the quantity given at the time of the operation. For some weeks after, the secretion of milk will be small, but will gradually increase until the amount previously given is furnished, which we have known continued without interruption (of course less in winter than in summer) for the space of 10 years.

It is not expected that every father can be circumstanced to keep a cow for the accomodation of his child, but if physicians were to direct the attention of those who do keep cows, to the above facts, it would be found advantageous to keep the spayed instead of the ordinary animal, and the proprietors of milk furnishing daries, would readily furnish the supply, if the demand was made. The facts above briefly stated, we think of sufficient importance to claim the attention of every medical practitioner, as furnishing him the means of preventing much suffering on the part of advanced infancy and saving the domestic idol in the circles of many grateful friends.

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*Miasm and its effects on the Human Organism.* By C. A. HUNT, M. D., of Terra Haute, Ind.

There seems to be nothing more evident in the history of disease and the phenomena of causation, than that miasm is the product of animal or vegetable matter in some stage of putrefaction and decay. This opinion has become such an axium in philosophic deduction from known causes, that even the unlettered of every miasmatic region herald the same opinion, made up and confirmed by observations unsolicited, yet unpledged and unprejudiced by any adhesions of professional dogmas. Reason, very little elevated above instinct, has taught the inhabitants of those districts to shun those places where the baneful effects of such infections have left their marks by disease and death. These opinions are so indellibly fixed upon the mind, that all the combined strength of authority arrayed against them could not produce a shadow of conviction. All authority in the profession, and out of it, have noticed certain effects from the emanation of certain gaseous products from sewers and stagnant pools—from marshes—from privies—from heaps of rubbish and stench of putrefying bodies—from land suddenly raised by alluvium—from dykes and gulches—from humus upturned to the sun—from clay meadow grounds left dry by evaporation—from sands and sandy hillocks, which have been floated from the main land, holding vegetable deposits in among them—from canals suddenly drained, and milldams overspreading the land, around which evaporation and decomposition are produced by heat of sun or climate. These evidences and their causes have directed the mind to the origin, nature and effect of such a

morbific agent, which has been found emanating from these localities, under the combined auxillaries of heat and moisture. Its *modus operandi* upon the animal organism has in turn challenged the acumen of all investigating minds from the schools of physiology, pathology and chemistry, and the different gases generated from all matter in process of decay, have each been claimed as the prolific source of miasm. Carbonic acids and ammonia are the most common products of decay in the open air, but they can yield no such phenomena in the human system. Carburetted hydrogen and phosphuretted hydrogen have no generic force. Sulphuretted hydrogen is a rapidly fatal gas, but not admissable into the lungs, for two cubic inches would destroy life. Salenuretted hydrogen is but little generated, and so readily decomposed by everything that attracts its hydrogen, that even the oxygen of the air destroys it. Their effect upon the system, when admitted to the lungs, is fatal to the theory. The sulphuretted hydrogen, in volume less than the amount causing death, would spend its effects upon the lungs or nerves of the larynx, causing spasm and tendency to asphyxia; hence its whole force does not reach the economy, but is confined to its influence upon the first passages. Now, did this gas enter the lungs in minute quantities, it must be immediately decomposed by the presence of peroxide of iron or chloride of sodium. The salenuretted hydrogen must share the same fate. Its presence in minute quantities causes symptoms of catarrh, but when present in any volume, causes asphyxia. But again, could it be introduced into the circulation for a moment, the presence of oxygen of the air or of iron, or the chlorine of the salt, must prevent its existence there for any period; hence it could not fulfill the noticeable protracted effects in the phenomenon of miasm. Again, these gases can only prove deleterious to the lungs, for when introduced into the stomach are harmless, and cannot afford any exhibition of the many evils which result from the introduction into the stomach of foul and offensive waters known to proceed from sewers and stagnant reservoirs. Hence, they possess no power to create disease, and no area of inhabitiveness to continue it when generated. Nature has placed a sentinel at the many inlets to the system—the lactael, to guard the introduction of noxious solids; the larynx, fo prevent the inhalation of poisonous gases; and the skin, to prevent absorption of poisonous matter by contact; and articles only which do not irritate the very sensitive safety valves, can find admission, and make their

lingering innovation on the laws of life and function. It is true medicament pass into the circulation, some as articles which can be associated with elements of food or blood, some by the permeability of membranes, and some by direct appeal to the absorbent, but they are instigators of abnormal action when they evade the natural inlet. In the course of decay and putrefaction, there is a fœted effluvia dissipated into air, having the peculiar smell of matter known to contain nitrogen. This is found in animal and vegetable decomposition, and found, too, where the combustibles are not wholly consumed by the oxygen present. This consumption is commenced under a certain elevation of heat, with the presence of moisture; and it has been found that the disengagement of these elements of decay are sometimes so rapid as to stop even the farther process of decay until new supplies of water are again added. This can occur where the gluten, for instance, is rendered insoluble, and often forms a partition between the water to be decomposed and the particles in ferment, or the saccharine matter susceptible of further impregnation; hence, a new dash of rain, which changes their relative positions, renews the vigor of decay. By evaporation, the products thus disengaged are carried into air. In long, dry weather, the miasm is scarcely conveyed through the air, for its free circulation must depend much upon the presence of moisture with which it is condensed and associated, and upon the motion of air and its relative density. But successive rains are also contrary to its existence in the air, for the more complete condensation and weight of vapor bears it to the earth in association with such vapor. Now, if the combustibles could be burned by oxygen as in process of fire, then definite elements would be formed and its consumption would be complete, and no miasm could be generated, while nothing would remain but salts and ashes of a negative fixed nature. If, again, the temperature is reduced so low that the union of oxygen is prevented, or decay stopped, no miasm can again exist. But in our climate, as in all climates where from many causes, decay and putrefaction can obtain as natural phenomena, and when plenty awaits the agriculturist on every side, and when the conversion of organic is succeeded by inorganic life, no finale can be put to the generation of miasm, or the prevalence of zymotic causation. The green matters seen floating upon pools and sloughs during the warm season, always presage this unwelcome plenipotent to the domestic circle. This matter consists principally of the

nitrogenized materials of decay, rendered insoluble, and found floating upon the surface of the water, and colored by the acids generated in the fermentative process. Again we see a brown, dirty deposite, floating in like manner, and appearing, when left upon the ground, as an alluvium of humus. But this is generated during the formation and disengagement of ammonia and cyanogen, and is also rendered insoluble, and but another process of the same decay. These deposites, although in one stage of decay, yet their insolubility in the present stage of transition, renders them insusceptible of further putrefaction, until, by the presence of alkaline salts, sugar, &c., farther decay begins, and in this particular stage cannot give off miasm, though they are a visible evidence of more complete destruction which is in action around it, and which is the veritable origin of that agent. These deposites are so far decayed, that when taken into the stomach they neither lose their deleterious properties, nor are restored to nutriment by the gastic juce, although they contain elements of nutrition; hence they prove poisonous to that viscus, and, if not ejected, must produce disease as an irritant undigested. Cattle and horses have in many instances suffered from a disease of a type similar to those of the human family, by drinking such semi-digested matter, more especially when overheated, and reduced in vital force by excessive exercise. These must ever be present in decay of vegetations—those materials which are competent to continue the putrefaction—to wit, sugar, starch, alkaline carbonates, &c., one compelling new combination, and the other offering new elements of union. The gluten, by its continued oxidation, forms a ferment which, combining with the elements of sugar, &c., will continue this *modus propigandi* to the end. Hence there is a power in nitrogenous compounds, under certain stages of decay, to lend their progress and characteristics to other atoms in contact, and thus preserve their own nature and likeness while these atoms exist under heat and moisture. During this process of decay, which occurs in animal as well as vegetable matter constant evaporation goes on, and the particles of matter which are yet unburned, and without specific relations or combinations are carried into the air with the particles of vapor and constantly disipated, and thus they have free access to the lungs and must continue in the air until rains or fog bear them to the earth again. This substance is not gas, but liquified and vaporized tissues broken down but not consumed, and must bear with them all the elements of decay. Here, while

we thus deplore the existence of such a deleterious agent, we can but admire the beauty of such an economy that can build and destroy with the same simple elements—that parts of destruction are reconverted into restitution, and the disorganized matter, though apparently in waste, are simply transitory elements of vegetable life. When thus organized into vegetables, they are prepared food for animals, and step by step are again vitalized through higher modifications, to fulfill the high destiny of animal existence. Thus the proximate elements of life are in continued process of death and resurrection, instigated by the incomprehensible trinity of Light, Heat and Electricity. These are collateral evidences showing that this is the morbific agent. The pages of medical history are replete with instances of disease from decay of food—from the use of water from well-known wells, into which sewers are emptied by subterranean inlet—sudden entry into vaults of the dead—the exhuming of bodies from graveyards—the semi-decayed bodies of dissecting rooms and autopsies—taking the hide off animals—convertion of offalls, &c.—all these have given forcible and lamentable evidences of the nature of decaying nitrogeous compounds. The only difference between this poison and that introduced through air and called miasm, is the one being introduced directly into the circulation by contact, the other by a more attenuated form through a more circuitous route. And no wider is the mode of introduction into the circulation, than is the difference in effect on the organism. Such is its nature in both cases of transmission, propagation and potency, that identity will attend every comparison.

*Action on the living organism.*—To give fuller idea of its *modus operandi* upon the living organism, let us pass over the ground of oxygenation. The oxygen seems to be admitted into the lungs for two general purposes—the production of heat and final elimination of effete materials. In its conveyance to the capillaries, it becomes necessarily associated with articles which do not attract it from its union with the red globules, but only go in association to the same points of destination. Amongst these are those materials destined for the replenishment of lost tissues—the aliment or food going to be assimilated,—this appropriation being continually required on account of the expenditures suffered by locomotion and forces of organic life. When the oxygen is thus conveyed to the capillaries, it is brought in contact with the tissues worn out in vitality, and ready to form new compounds by combustion with oxygen. This change of tissues seems to be effected

under several circumstances. The oxygen required in the convertion of albumen into gelatin and their deposites, seems to be derived from the water present, while the oxygen of the red globules is combining with the parts now effete, each occurring under a change of heat and polarity. This phenomenon of heat and polarity must always attend the convertion of solids to liquids and liquids to solids. This must have much to do in vitalizing and qualifying the new matter of the blood for assuming the exact position occupied by that now effete, and likewise has much to do in the re-arrangement of the inorganic compounds. The oxygen is an electro-negative agent, officious in such a motion. This rapid transformation of tissues must occur more rapidly in man than in the lower animals, on account of an additional use of force in intellectual exercise. If we do not assume that a polarity attends every new position of atom, how can we account for an exact likeness of all matter in reproduction? Atoms thrown together in wild confusion, cannot fulfill the destiny of any organic mass, whose office is a certain direction and strength of force. Confusion must produce weakness. The atoms of wood and iron, when reversed or placed in antagonism, are made weak and inefficient, and each atom becomes elective, and is attractive by presenting itself as the exact likeness of its predecessor in form and direction, and is thus made cohesive. If such change were not influenced by heat and electric phenomena, the oxygen would convert the tissues into ultimate atoms, and putrefactive compounds must destroy the living. The albumen of the food does not seem to get its oxygen from the blood globules in the lungs, for then the compounds of living parts must be formed in the blood in the lungs, and much of the phenomena attending deposit and waste, such as change of heat, &c., must go on there where it is not needed. All the great changes of functional organic life are confined to the minutest tubes.

These few remarks will better open the channel to the comprehension of miasmic action. These aquatized particles of matter being inhaled into the lungs with watery vapor, pass into the circulation in association with oxygen. When thus entering the circulation, they do not derange the blood, nor does the blood destroy their nature. The blood in this state in the arterial system is now filled with new food and newly vitalized elements for restoration; and these are competent to resist any seduction by any such agent, freighted with seeds of dissolution, and even to resist the destruction or combustion

of oxygen. The blood has no power in like manner to destroy it, for it is itself a composition of the same materials, and a representative of the same tissues, but in a degraded form. Hence, while itself is not annihilated, it cannot thus yield disorganization to compounds whose dominion is higher, and their compound more perfect, and their destiny organic; for the propagation of death is an attribute of dying bodies to those of disorganized nature. Death and life cannot cohabit. Organic and inorganic compounds cannot harmonize, while motion and rest are antagonistic principles. This miasm, then, being carried to the extremes of the capillary system where oxygenation begins—where the atoms are being constantly converted into inorganic compounds—it is introduced into the association of atoms of its own sphere, and immediately enters into combination with these disintegrated atoms—not combining in such a way as to form a chemical compound, but in such a manner as to propagate its own nature to the atoms in contact, until a wide and extended infection will thus ensue. The tendency of such an infection is to degrade the atoms rendered effete, or such particles as have not been well oxygenated into putrefaction before they shall come to the air. This must occur where they are not under the preserving influence of the vis-vitæ of the blood in which they float; for although this matter effete is in a state of deterioration, they have not imparted any element of destruction during health to the blood globules, but to the matter conveyed by them. These azotized atoms in decay are contagious in themselves, and give a force of disease and contagion to other atoms, and a propulsive motion which ends only in the extinction of the excitomotive power. The well-known principle developed in yeast and ferment needs no rehearsal here. But there is a distinction well marked in the nature of miasm, between the azotized and non-azotized matter, which cannot be overlooked. The latter or non-azotized matter is passive, and possess no sui-generic force, and cannot become a miasm, but is the subject of disease or abnormal transposition during the period of incubation, or during that period while it is the recipient of the excitomotive power. Only that substance can become a miasm, which, when created by decay, has power to transmit decay to inorganic or deteriorated compounds, while itself shall not be consumed so as to loose its generic force. We are here reminded of the analogy which exists between matter thus preserving its similitude during propagation through masses semi-vitalized, and the similitude preserved in sexual

propagation through masses higher organized, and known s living things. We see the non-azotized atoms becoming the recipients of a certain generic force, conveyed by the impregnation of azotized atoms under certain stages of oxygenation, while none but these azotized a'oms are competent to such a vital propagation. Now, this oxygenation is not a destroying but a reforming process, and substances burned are not destroyed, but reformed and rebuilt. During this stage of atomic impregnation which occurs among the animal tissues, no doubt animalcules are generated, which, in abundance, prove sources of disease. The same phenomena occur in the air. Hence we see a type of the sexes, male and female, personated in the condition of contact and impregnation—propagation of likeness and symmetry, and of the same generic force and relation, and the same characteristic peculiarities—leaving us to admire the sublimest beauties of generation and regeneration, begun in the animal, continued through the vegetable, and perpetuated through the ordinances of atomic and molescular existence from life to life. The perpetuity of miasm cannot obtain as the identical same atom first introduced, but must cohabit by impregnating other proximate atoms, for the effectual powers of elimination must very soon bear off the original atoms with the particles of secretion and excretion. Or, could it occur that these primitive atoms while in the circulation should be restored to the arterial blood, and go with the muscle and fat that is known sometimes to be reorganized and reassimilated in cases of starvation, then, even then, they could not become identified and perpetuated as compatible matter, unless by becoming farther oxygenized, which would completely change its nature, and annihilate it as an agent. If this were the course, the system must always be triumphant over its baneful effects, except where it becomes so concentrated in its inception, that the sentient extremities of nerves succumb to the charge before it is introduced into the circulation. But inasmuch as we find the same abnormal peculiarities developed from time to time on persons alike circumstanced, and inasmuch as we see persons when exposed to malarious regions, as laborers or travelers, return to their homes unaffected, and remain so for many months, until, by some exciting cause, a truly miasmatic and zymotic disease appears, we are forced to conclude that a miasmatic agent holds somewhere in the system a dominion and a life of incubation. This agent, then, can only exist there by some nidus through which its own likeness and the likeness of its first

generic force can be propagated. These peculiarities can only be found in the unburned particles of albuminous tissues of the animal, and the sugar and saccharine derivations of the vegetable which are not only found in the blood, but are in constant state of transposition. These stages of incubation cannot exist longer than the powers of the system cease to maintain their normal condition, which must necessarily vary much, according to predisposing causes and to the concentration of the miasmic force. Hence we may have periods of days, months and years, before function and structure shall be materially impaired. But again, the impress of miasm is not wholly upon the system through the circulation, for numerous cases occur, and instances are recorded—for instance, in parts of Italy—where the amount of miasm collected on vegetation is so dense that sudden inhalation will destroy life. Here it cannot reach the circulation, and thus produce such sudden results, but must so completely fill the volume of the lungs at the exclusion of oxygen, that death occurs, partly by asphyxia, and partly by the impress upon the pneumo-gastric nerves. The same occurs often by opening vaults and occult recesses of vegetable and animal remains. This same matter in a fluid state, placed in contact with living flesh, will cause the same phenomena by absorption, though not so rapid and overwhelming; when introduced into the stomach has the same disorganizing tendency as is evinced by the consumption of putrid flesh and putrid water; and in the albuminous ingesta rendered putrefactive in the bowels by fermentation during constipation. Again, miasm may act upon the nerves through the circulation by sudden impress, without infecting the general system, for when received with the particles of blood as a foreign material, it must as soon find contact with the effete elements of nervous matter as of any other tissue; hence nervous phenomena may be first in line of causation—may first infect the atoms identifying any other tissue, and each or either, as susceptibility may develop, become the seat of disease. We find the nerves, the glands, the circulation and absorbents, all often the most prominent in disease—so of all the membranes. When miasm does not produce these sudden results above alluded to, but on the contrary, is found to inhabit the system, we often see the system become deranged, through the channel of secondary assimilation; and the liver, which gets its secretion from the venous blood already bearing morbific viurs, is mostly first in order of derangment in miasmatic regions. Where miasm observes its incubative stage,

its development is mostly through this channel. The bile ceases to be eliminated; fat ceases to be formed; the cholestrine not secreted; the soda is withheld, &c.; and congestions, and missecretions, and a multitude of evils are developed, as I will explain hereafter. We are here reminded of the fallacy of fat being a depurated residium, or a semi-organized material, resulting from the destruction of the tissues. Such is not only incompatible with chemical relations of animal life, but discordant with physiology. In every derangement of the hepatic function, enough to involve the increase or suspension of bile, we find the fat unformed, and that already deposited taken up and reconverted or burned, while the function of the kidneys will preserve their office unchanged, and the relations of waste and repletion suffer no impairment. Hence persons in malarious districts, under the protracted effects of miasm perpetuated in them, will lose fat and become spare, while the muscular strength is maintained, showing the powers of waste and repletion to be equalized. Again, we may have the fat wholly reserved, while the waste of tissues will continue. Take cases of typhus and typhoid fevers, where the disease, from its protracted course, places the patient in a prostrated and helpless position, with continuous waste of muscle, while the fat remains in deposit until the powers of life begin to throw off the incubus of disease, and then consumption of fat begins, and that is a welcome period to the physician, for it predicts to him the recuperative energies of life, and this stage of disappearance of fat from the cellular tissues is in fact at the crisis and beginning of convalescence. This and many other circumstances go to show that the formation, deposit, and consumption of fat depend upon the condition of the liver, and it is made and wasted (independent of exercise) with the vigor or imbecility of that important chylopoetic organ.

When I speak of the liver as being in the route of miasmatic infection, and in itself as offering causation to very many of our diseases incident to malarious districts, I know I tread on tender ground. The prejudices against the sound of *liver*, as a focus of centralization in medical phenomena, is as repulsive to the venders of medical essays in Europe, as water is in hydrophobia, and almost as trismatic. But prejudice should never be allowed to raise the standard of discipline and disaffection, while the great lights of our science point us backward and forward to observation and research. Very much error creeps into our science by an emulation for

classical category; much by attenuated subdivisions of names to represent—the Lord only knows what; much, also, by mistaking effect of disease for disease itself; much by mistaking the very prominent symptoms of disease for the proximate condition, and thus the appearances plainly manifested are the object of treatment, while the pathology is unheeded. Who would content himself by treating convulsions with antispasmodics, without finding the exciting cause? Who would call all fevers idiopathic, and treat ague for its nervous phenomena, or fever for its elevation of temperature, without noticing the pathological causation upon which these things arise and are maintained? Hence the secretions may not be noticed, and the liver not admitted to take any part in diseased action, while its importance in the healthy economy of life is paramount. I have not seen a disease in this region but had originated, or was intimately connected with the liver either directly or remotely; and why it is so, depends upon an agent which must directly or indirectly influence that organ. The question, then arises, how can miasm affect this organ? It may be by nervous contact with the morbific virus through the circulation; it may be by its ready union with the disintegrated atoms of that organ thus infecting itself first; it may be by contact of the effete infected atoms, blending with the carbonaceous atoms destined to be separated by that organ in secretion of bile; it may be by this same virus so impairing the nerves, associated in circulating the blood; it may be by impairing the absorbant system so that matters effete which should be eliminated by the depurating organs, are left as foreign matter and become a source of irritation. But the liver is a secreting and excreting functionary, and as much depends upon the ability to eliminate what is produced as to secrete from the blood what is requisite to form bile. Now the liver cannot be said to be a waste-gate alone, whose importance in the economy would in that case be as the kidneys, but it no doubt, derives many elements from the arterial blood of its own circulation which are officious in forming bile, and convertion of starch &c., and soda from the blood globules, is probably one of the articles thus obtained. A part of its elaboration seems to be destined for respiration and part for dissolving food, rendering it capable of absorption and assimilation; hence, while it eliminates, it reproduces; in an organ so complicated, any innovation upon its normal function by whatever cause, may prospectively or retrospectively be a cause of disease. Should the cholestrine

and cholic acid be formed, and no salt be present to furnish soda, healthy bile could not be formed. For instance, fat or cholestrine without soda would appear as jelly-like as is found in flux or congestive dysentery. This abortive effort at bile would promote disease. If the acids should be in excess by supersecretion or absence of alkali, it would produce similar results, but manifested by different symptoms. Again, when bile is deposited in the gall bladder, and by any cause not discharged, this as the other, may react and affect the freedom of the portal circulation. A series of combined action which may attend the passage of infectious particles of matter through the liver as mentioned above, may cause many features of derangement, which, by re-acting on the portal circulation, must produce obstruction to the blood globules, and matters are retained in the system which should find egress by the kidneys, skin and lungs. This matter would accumulate like the retrocession of perspiration, and add to the causes of disease. Any tendency which deranges the secreting functions of the liver, or checks the circulation through its substance, either venous or arterial, must result in torpidity and engorgement of the whole portal system, and our congestions incident to the miasmatic regions are mainly traceable through this channel. Out of this one pathological condition, all the zymotic diseases may arise. The nerves, when alone implicated, show their own peculiar type; when the nerves and sanguineous system are both implicated, fevers and inflammations may arise, with universal derangement of the secretions. Thus direct or remote, we may have nearly all diseases from an abnormal chain of symptoms through this line of causation. Again this *materias morbi*, by deranging the secreting functions of the liver, will necessarily derange its excreting process, and instead of healthy billiary evidences, we may find in the gall bladder deposites, vitiated by ascidity chemically evolved, or vitiated by the absorbents abstracting its most eligible compound; as, for instance, the alkaline salts first, next the matters which would be assimilated with the food after digestion, leaving a residium there of acid, or resinous conglomerated matter, which becomes in its incipient decay as all other matter, a foreign body capable of reflecting much irritation, and must become the ferrent and referrent of much diseased action. This material is found in nearly all our malignant diseases upon autopsies, and is always attended by strong portal congestion.

The many predisposing causes, and some of the exciting

which favor the results of miasm upon the system, furnish alike collateral evidences of the identity of miasm and the azotyzed elements of putrefaction, as well as its *modus propagandi* through the organism. One great remote cause which favors its development, is fatigue by hard labor, long marching, or any excessive exercises which may produce great waste of matter in disproportion to the supply. No rehearsal of instances need here be quoted to substantiate this as a causation, for our medical statistics are replete with undeniable proofs. In proportion as the disintegrated atoms of matter caused by waste are increased, so in the same proportion are the vital powers lowered by consumption of vital force, and the complete convertion of food to the tissues is proportionally impaired, while at the same time the tissues already wasting are less effectually oxygenated. This opens an extended source of deterioration of atoms. The great tendency of atoms to change place by exercise, cannot be wholly by the amount of additional oxygen consumed during such exertion, for the inhalation of oxygen cannot always be in proportion to the amount of exercise, or the amount of expenditures of force; for in hot weather, or in more rarified air, the supplies cannot be in exact proportion to the demand, and the labor of respiration is not a phenomena anticipating exercise, but always consecutive, hence oxygenation may be considered the result of demand, and not the impost of duties. The amount of oxygen required to build the system is no doubt mainly derived from decomposition of fluid, as is the case in vegetables, while the oxygen of waste is received from the air. Exercise of body and mind, and the momentum of organic action, must be the great cause of waste and expenditure. This process destroys the competency of atoms, and their perpetuity of function—changes their vital energies, given to them on deposit, and with the presence of oxygen auspiciously furnished, their polarity and cohesive intimacy is destroyed, and heat is consumed as latent, while they are liquified and generated during the time they are chemically re-arranged. Hence, excessive exercise must again disproportion the atoms wasted to the amount of oxygen consumed, and much effete matter must be left only partly oxygenated and unfit for the new compound, and is discharged from the system under weak affinities, or as loose and unpledged particles, existing much in the same condition as the atoms before referred to, generated from decomposing substances in the air, and dissipated unburned—the only difference existing, the one

is in a putrefied and fermentative state, while the other is preserved by the antiseptic powers of a vitalized medium, but is ever capable of being infected by such atoms putrefactive, while they both exist as inorganic elements. The existence of such unburned atoms is not hypothetical, for late physiological researches have detected them in respiration, thrown out with the carbonaseous materials, and often appearing in the breath, foul and fœtid, showing them to be unoxygenated, and turning to putrefaction. The amount detected seems to have been in proportion of about 3 parts to 1000. Further investigation will undoubtedly find them, especially after excessive labor, in other excretions, and probably in secretions. This excessive exercise becomes a fruitful source of disease by offering more atoms for infection, and extending the area of causation, while the systemic power of resistance to disease is less efficient by the same disproportion of waste and repletion. Miasm, as thus characterized, cannot become a medicament. Medicines must act—first by instituting new actions, and thus deflecting the direction of morbific force; second, by benumbing and deadening the new impression set up and made excessive (constituting pain), and thus giving nature a chance of supremacy; third, must act by substituting new elements of combination in the sphere, and in the place of diseased action now begun. The first and second action of remedies is transferred through the nerves, and the third through the circulation. Now life is a lineal concert of force predicated on a compromising economy of giving and receiving harmonious action, propelled into phenomena by chemical transposition, and maintained in circulation by magneto-vital restrictions. Now any agent whose policy is to derange and destroy such a dispensation, must favor dissolution through certain links of abnormal phenomena denominated disease. Miasm is thus a great source of such results, for it is capable of being obtruded into the economy under the garb of animal composition, and not detected as vicious, until by contact with some of the living tissues, when, instead of living on friendly terms with the elements of life, it imposes a force of decay to atoms, tending to antagonism, to disease and death. Its potential direction would be to perpetuate death, if life and death could be so convinced as to maintain an equipoised dominion. Miasm cannot set up any force which could eliminate itself, nor can it be rendered powerless, except by force of assimilation or integrity of function. Now, remedies are an institution to modify and change its results and developments. If

it should become assimilated, as may occur by further oxygenation, its nature must be wholly destroyed, and its existence as a medicament entirely suspended. Such is the nature of unoxygenated azotyzed matter, combining such peculiarities and relations to the system as is found in no other material in nature.

Another specific source of infection and of zymotic disease is found in animal exhalations. Here miasm is in more direct relation, and when we can recognise it by our senses, and is no other than unburned animal matter. In every laborynth of animal organization, and in every vicissitude of transposition, some matter is evolved which could not be appropriated; in the breath, in the perspiration, in the fæces, in the urine, in the saliva, which, under certain circumstances and in certain diseases, and through a propagation of a certain specific force may become infectious by contact, just as the miasm before alluded to, through the lungs, through the stomach, or directly by the circulation. There can be but this difference between miasm transmitted through the air and miasm communicated by contact, or virus of contagions. The latter after traversing the system, is found to spend its force upon the atoms of certain tissues, often destroys in its ravages the matrix in which it is conceived, and leaving at the same time an escar or degraded lamilla, which defends that tissue from its after invasions. In the former no protection is instituted; now if this virus or miasm attacked the atoms of the system indiscriminately as is the case, in typhus fevers, puerperal peritonitis, erysipelas, &c. then the veins could not always identify its peculiar type of disease on the system, but would often be governed by the integrity of function and structure, and when introduced must frequently be so disseminated in every part that it may produce various shades of disease or no disease at all, and must appear nothing more or less than miasms of endemic and epidemic character. Again the same contagous virus when transmitted through the air, loses much of its virulence, and is disposed to assume an epidemic type, if the tissues are cicatrised against the invasion of that particular contagion, the same virus or miasm will become modified and often appear in another disease; for instance, the virus of scarlatina and measels, will assume either form when introduced from the air, as organic life may develop in the system of those when effectually guarded against either. The same virus or miasm will find often a development in catarrh, or by a check on transpiratory secretion, a fever by concert of action

or by development of lithic acid, &c., neuralgia and rheumatic affections take the place, &c. Hence this virus thus becoming a miasm, becomes at the same time the existing cause to other affections. Contagions and epidemics often prevail in either character in different places at the same time, and their cause, which is remotely identical, is variously developed, and cholera often appears in either type. Cholera, too, is modified into flux and cholera morbus, by variation of constitution, by different exciting causes, or by modification of miasm of the endemic peculiarity, for the endemic diseases seldom prevail during cholera visitation, but are merged into one and the same thing. Several circumstances seem to modify the character of miasm and its development, to wit: its origin, whether animal or vegetable, or both, (the contagions being of animal origin)—the nature of the exciting causes, the integrity of function and structure, the vigor of vital action which depends much on heat and cold, electricity, and wet and dryness of the seasons, &c., the mode of introduction, and degree of condensation and volume. As regards the virus of contagion, Prof. Liebig compares it to yeast and ferment, or yeast which engenders a peculiar generic force, and expires during its own propagation, except there be present a matrix in which its nature is imbibed and perpetuated, as sugar. But the comparison is not satisfactory, for if the virus expired as yeast does, during impregnation, the tissues could be said to be wanting another particle of virus only to refresh the process, and so on as often as new virus or yeast power is applied. Now it is the case on the introduction of fresh virus by inoculation and otherwise, that no new developments arise; hence the particle does not arise from death of the present force, as in yeast, but the destruction of the matrix in which conception occurred. Then contagion finds development in particular tissues, hence the invasion of these tissues would always imprint the same disease, and the virus, as often as renewed, must produce the same thing, if impregnation were not prevented. The skin above all other tissues seems to be subject to the formation of cicatrix, which becomes afterwards impervious to the same disease. For instance, boils leave a cicatrix which ever after prevents the second occurrence of the same thing, and if the perifery of the body were covered by cicatrix of the same kind, no boils could ever after be developed. This is the case in small pox and other contagion which assume the nature of congestive inflammation of the dermis. They set up disease in that tissue, and in small pox especially the in-

flammation follows the cone shaped follicles of the dermis, relieving its inflammation by pustulation, while at the same time the disease affects the whole dermis and its lamellated cicatrix is complete and entire. Scarlatina and reubeola affect the same tissue, but are relieved in a different manner, though undoutedly leaving the same character of cicatrix, for they are likewise a congestive inflammation. Now the matrix in which they are conceived must be the effete atoms of this tissue, whose displacement is prevented at the time of the infection and during incubation and progressive action. Such an infection must stop the course of supply and waste of this tissue, hence the effete atoms act as an irritant and a matrix in which, and through which, the disease is propagated and extended to atoms of the vital parts. Now if this virus affected the vitalized tissues by the contact of its matter, instead of the effete atoms, then it must act as an escarotic and could in no wise propigate itself. Again the virus in that case, and the nutrient particles, and the elements of destruction and restitution must be co-equal and co-extensive, which is impossible. Why it is the nature of certainvirus to affect certain tissues, and for certain tissues to develop certain diseases, or why miasm can set up a disease in various parts, in various seasons, and under various circumstances, or why arsenic affects the stomach, and murcury the parotid glands, or why the tissues show their special predeliction for particular materials of nutrition, are all equally inexplicable. The precise nature of cicatrixes, their degree of vitality, following diseases, and the relations they bear in tissues, to the tissues themselves, is not fully explained, but they seem to be an effort of nature to restore a diseased tissue, which results in a cacaplastic deposite of condensed and deteriorated texture incapaciated for genuine normal function. They generally occur under forms of disease tending to destruction of the atomic relations, for instance congestions and inflammation. Another fruitful source of miasmatic development is intemperance in all things, establishing disproportion of supply and waste and overtaxing organs engaged in digestion and assimilation, and most especially is intemperance by use of alcoholic potations productive of zymotic results. In the chemical relation by diverting the course of oxygen from the purposes of consumption and waste, no doubt it retards the decomposition of water whose oxygen is destined for assimilation. On account of thus obstructing oxygenation, but fat often becomes a result of such a process when reduced to habit. Phisiologically, it is a

source of disease by sudden elevation and corresponding depression of vital force, known by exhiliration and exhaustion.

Without entering more in detail upon causation, we find all causes, as enumerated in medical records, coöperatives with miasms, thus designated, and if repeated here would give indefinate length to an article, confirmative only of the same thing. These few condensed remarks fulfil my present object. I designed to offer new food for thought and investigation, and as far as present knowledge extends, to show the nature of miasm, its relation to vrius of contagious and this *modus operandi* on the living economy, their identity with the unoxygenated azotized atoms of animal and vegetable matter in decay, their antagonism to the living atoms in state or elevation. That they do invade the system, and come into intimate relation with every function and structure, and in every possible direction may subvert the laws of life and contribute through innumerable avenues to every shade of disease. In thus characterizing the miasm as a poison, detrimental to our organism, we might further identify it in its natural and harmonious relations to lower organic life. Now, while it tends to tear down the highest perfection of organic existence (found in man) it tends to elevate the lowest organic life in the shape of larva and vegetation, by bringing into play, forces which end only in new form and new life; for instance by further combining with oxygen this miasm is coverted into carbonic acid, water or amonia and becomes food for plants. These again, are farther vitalized by higher organic relations and become the food and tissues again of animals. Thus, in breaking down intellect, it raises up instinct, and is a powerful agent in producing change of form and place, by its own generic force and the employment of matter, which has capacity to receive its force, to conceive anew and perpetuate the same. Thus, while we see around us, "systems on systems wrecked, and worlds on worlds," we see again by invisible agencies, atoms returning from corruption into systems, and systems into worlds; who, then, seeing the order of natural law, can arrogate to himself the presumptive exclamation that "seas roll to waft *me*, suns to light *me* rise," &c., while on every side, agents are waiting to humiliate intellect, to humble simplicity and rear putrid atoms to boasted intelligence. These reflections but revert us to that creative force which "lives through all life, and extends through all extent."

*Hemorrhage of the Navel.* By WILLARD GAGE.

Called to see a case of unbilical hemorrhage, patient fourteen days old; case occurred as follows:

At the birth of an infant, the funis was tightened one inch and a half from the abdomen, and in eight days it came off, leaving a flabby, whitish appearance of the surface where the connection was, and around it, of three quarters of an inch in diameter. This surface soon commenced oozing out a sanious fluid, which deepened into a percolating hemorrhage in forty eight hours, baffling all effort to arrest it. Styptics and compresses were persevered in four days longer without any permanent success; at this time I saw the case and heard a history of it, and instituted the following simple treatment:

After removing the dressing and bathing the part with water at a temperature of 80° or 85° Fr., an instrument known to the ladies as a *top thimble* or *closed thimble* was applied upon the abdomen, the concavity of the thimble toward the abdomen, the rim encircling the bleeding surface. This was retained in its place by a bandage around the abdomen. The thimble was soon filled, then the homorrhage ceased. A firm clot was formed within the thimble, and that was soon thrown off by a substantial cacatrix.

Dewees, Meigs, Condie and others, speak of this kind of hemorrhage as extremely difficult to manage, usually fatal; so if I direct a single successful effort in the hour of peril I am amply paid.

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# Correspondence.

## *Letter from Dublin.*

DUBLIN, July 28th, 1853

There are quite a number of hospitals in Dublin, some of which are quite extensive, and afford a most excellent opportunity of investigating many important and interesting cases, both in medicine and surgery. Mr. Cusack the elder, is at present, the great *general* operator; although there are others, as Mr. Wilde, who operate a great deal upon the eye and ear—who have distinguished themselves in certain de-
ments of surgery.

But, I find it is here just as it is with us, they attend to all kinds of cases—almost without exception—and they have not been able to separate surgery from the practice of medicine. They are *inseparable*, and it is folly to attempt it.

There is a Mr. Adams here, who is truly an interesting man, not much known abroad I believe, but deservedly in very high standing at home, who is publishing a work on the diseases and injuries of the bones, which, judging from what I have seen of the specimens he has collected, must be of great interest to the profession in our country. He settles, definitely in the affirmative, any doubts there may have been as to whether fracture of the cervix femoris, within the capsular ligament, unites by bony tissue. He has specimens demonstrative of this and very many other important cases, such as intra uterine dislocations, wonderful hypertrophy, bones bent without being fractured, great change of structure, caused by chronic rheumatism, hitherto unknown, and many other interesting and important morbid changes, not heretofore described. Every physician should get his book, which I think will be neither large nor expensive, so soon as it is published, which I understand is to be this winter. Mr. Adams name will certainly be handed down to posterity.

And there is a book just published here, and in London, by Mr. Wilde, on aural surgery, which, I hope will be immediately reprinted, and widely circulated in America, where the diseases of the ear are so lamentably neglected, and so imperfectly understood. I have seen him demostrate, and treat diseases and conditions of the ear, which I have never before met with or seen described; and if I had met them I should not have understood them: I have examined his book in part, and consider it a valuable contribution; Mr. Wilde, in company I believe with Sir. Henry Marsh, has a large Opthalmic Institute, where the eye and ear are exclusively treated; on yesterday, I think there must have been fifty new cases, and there are as many in the hospital as can be accommodated; Dr. Wilde has quite a number of pupils, amongst whom are Americans and Germans, as well as Irish and English, Americans who desire to study the surgery of the eye *specially*, should never pass him by.

They use chloroform with great fear and trembling, and acknowledge, that they don't know when it may destroy life; that it is liable to do so in any case, some of them think of abandoning it.

This morning, at St. Stephen's Hospital, I have seen Mr.

Wilmot, a very young man, the son-in-law of Mr. Cusack, operate for stone in the bladder, in a child; chloroform was used; the section of the perineum was made with a scalpel, and with the same instrument the urethra was opened; the probe-pointed bistoury was then introduced, and passed into the bladder; the director being at the same time withdrawn; the fore-finger of the left hand was then passed into the bladder along the back of the bistoury, the bistoury was then simply withdrawn, the forcep introduced, and the stone the size of a pigeon's egg removed; there was no hemorrhage; the chloroform produced involuntary action of the bowels and bladder, with protrusion of the rectum, which was held aside by an assistant. The operation was performed very handsomely, and in a very short time.

To-day, I have also seen pressure applied for the cure of poplitteal aneurism, by Mr. Fleming, one of the surgeons to Richmond Hospital; the instrument used was a half circle, with a pad and screw; to be alternated when the pressure becomes painful, by a weight, with a soft pad upon the end of it, weighing six or seven pounds; the pressure is at first made about the upper third of the thigh; the weight will be applied to the artery when it passes over the pubis, when the pad becomes irksome.

The Irish surgeons, as you are aware, have been very successful in the treatment aneurisms, upon this principle; especially Mr. Bellingham; however, it is but the revival of an old practice; Mr. Bellingham has been very persevering in establishing the practice, and as I think, deserves great credit for it. Dr. Hutton was the first in this city to establish the practice on a firm basis.

Amongst the many hundreds of patients I see in the different hospitals here, not one of them pays a penny, nor do the majority of the surgeons or physicians receive any remuneration from any source. It is certainly true, that there is no class of men upon earth, who perform as much labor gratis, as the surgeon and physician; the lawyer must have his fee, and the minister his salary; but the poor doctor has to perform the hardest and most disagreeable part of his work for nothing.

Since the death of the lamented Dr. Graves, who belonged to the world at large, rather than any one country or city, Dr. Stokes is *the* great physician here; but it is due to Sir Henry Marsh to say, that *in Ireland* no man stands higher than he. In general surgery, Sir. Philip Crampton's reputation is, I

believe, unrivaled; he is now over 80 years of age, yet, still active in the profession. He is the father of the present English minister at Washington. The lying-in hospital, is one of the largest, finest and most useful institutions in Dublin. An American pupil, who resides in the house, and who has seen London and Paris, thinks there is not such another hospital of the kind in Europe, they average nearly five thousand deliveries annually. This gentleman who graduated before he left home, thinks that all Americans who come abroad to study the diseases of females, or the diseases of the eye and ear, should by all means spend a part of the summer here. It is certainly, *cool* enough for the warmest of temperaments, and is proverbially healthy.

I have just witnessed two operations for cataract, by Dr. Jacobs with his number 7 cambric needle, through the corner; one of his cases was soft, as they nearly all are in children and young persons; the other in an old person, was hard; the first he lacerated very freely, the latter he depressed. Some how or other, Mr. Wilde manages to have fifty patients to his one.

It is a curious fact, and speaks well for this intelligence of the Irish, that no species of quackery, not even that worst and most insidious form of it, homœopathy, has ever prevailed or flourished to any extent. They place homœopathists just where I have ever placed them, in the same catagory with "water *doctors*" "spirit rappers" and "mesmerisers." And they assure me here, that in England, where the nobility at one time seemed disposed to patronize the scoundrels, this great imposture is rapidly on the wane. But it must like all other morbid excrescences, go through the different stages of rise, acme and decline, and it will as surely have a fatal termination as cancer or fungus hæmatodes, very probably something equally absurd will take its place; therefore, we need not concern ourselves much, whether this or that form of charlatanry is prevalent. One thing I always have done, and expect ever to continue to do; namely, when my opinion is asked as to the merits of homœopathy or "water doctorism," to express it freely, and severely let the *practitioners* of these different impostures alone, as I would any other nuisance, which would only beccme more offensive by being disturbed.

But, I am happy to inform you, that pure medical science was never more progressive than it is this day, both in Europe and in our own happy country. There is a host of the bes

educated, most enlightened, and most powerful minds as work in the investigation of the science, in all its bearing, that have ever engaged in any pursuit. The result is not doubtful; regular medical science will, as it does, triumph over all opposition; and the more numerous the obstacles thrown in its way, the greater will be the triumph, the greater will be the developement, the brighter it will shine, when all the *isms* of the day shall have been buried in oblivion.

There is undoubtedly, a great advantage in having a large number of hospitals, as they have in Dublin. They stimulate each other to improvement, each one tries to make the best and largest number of cures; there is a much larger number of the afflicted poor attended to; the surgeons and physicians try to excell each other in teaching their arts to young men; and in place of having one or two eminent practitioners, they have probably a quarter of a hundred.

Nor is Dublin without her organic chemist; one of the most intelligent and clever men I have met here, is Dr. Aldridge, who interested me very much indeed, for an hour or two, with his microscope. I doubt whether any of the British physicians understand the use of the microscope better.

Yours, faithfully, T. J. COGLEY.

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# Proceedings of Societies.

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*Proceedings of the Cincinnati Medical Society, at its meeting May 6th,* 1853. Reported by J. P. Walker, M. D.

The Society met at the residence of Dr. J. S. Dodge, Vice President; Dr. Carroll, in the chair.

The attendance was very large, many who were not members, meeting with us to unite in welcoming our distinguished visitor, Dr Marshall Hall, of London.

The minutes of the last meeting were read and approved.

The prevalent diseases during the past month were reported as follows in the order of their frequency.

Measles, Scarlatina, Pneumonitis, Erysipelas, Puerperal Convulsions, Rheumatism, Bronchitis, Laryngitis, Remittent Fever, Intermittent Fever, Typhoid Fever, Dysentery, Diarrhœa, Opthalmia.

The Essay being in order, Dr. Woodward was called upon according to the resolution of last meeting. Dr. Woodward in reply said, it would give him much pleasure (should it meet the aprobation of the Society) to withdraw as Essayist for the evening. He asked this favor on account of their being honored by a visitor so celebrated as Dr. Hall, who could undoubtedly, from his vast experience, more profitably entertain the society, than he, by any means could. If in accordance with the wish of the society, and feelings of the gentleman, he would propose that Dr. Hall favor them with an epitome of the result of his investigations in epilepsy, and its relations, with the nervous center. He did not mean to confine the gentleman to this subject, but mentioned it as one interesting to the profession generally.

The resolution being accepted, Dr. M. Hall introduced the subject by showing the necessity (in order to obtain a proper understanding) of drawing a marked distinction between the two forms of this disease, viz: the organic and inorganic; the first depending upon the structural disorganization or defect; the latter, upon mere functional disturbance.

The organic frequently exists from birth, as is exemplified largely in the English work houses. This form being beyond the power of human art to remedy, we will pass to the consideration of the other form, admitting as it does, every hope of permanent relief, in the hands of the scientific practitioner; evidence of this may be seen in cases of puerperal convulsions, with bitten tongue, and its sequent mania, which constitutes epilepsy—puerperal it may be styled but not differing from that produced by any other cause; or in cases when children teething, or suffering from indigestable matter in the stomach, are seized with convulsions. Both these forms are within the control of medicine, though it must be remarked a peculiar susceptibility to a recurrence in after life remains.

The causes of epilepsy may next be considered, and first mental emotion; this as an exciting cause, was plainly demonstrable in the cases at the Hospital, where the attack immediately followed mental excitement. 2nd, Irritation of any viscus, as the stomach from indigestible substances, excited uterine action during the catamenial and puerperal states, sexual intercourse has also been known to produce it, as in the case of Napolean Bonaparte. In the first instance, Epilepsy was produced by excited irritability of the medulla oblongata, and exodic nerves, in the latter by reflex action from the excited organ.

Another interesting condition to be considered is the degrees of severity in which it may exist. 1st, the mildest form which being momentary, may be styled epilepsia evanescens, characterized by obscure trachelismus, distortion of the eyes and features, and passing off in a few minutes, leaving the patient in his natural state of health; these attacks are generally unattended with premonitory symptoms. 2nd, which may be styled epilepsia trachelia, attended with the most dire results, characterized by manifest trachelisimus, torticollis, bitten tongue and foamings. By the torsion of the muscles of the neck, the veins become crushed, frequently resulting in effusion, and softening of their coats. One case came under his notice where torticollis was the cause of instant death; a medical student, who for some time suffered from epilepsia trachelia, had a fit at night, from the torsion of the neck, his head became entangled in the bed cloths, causing asphyxia, being incapable of freeing himself during the semicomatous condition which remains after the attack. 3d, epilepsia laryngia. Here the rima glottis is spasmodically closed, the neck becomes considerably enlarged, the vessels externally becomes distended, and doubtless a similar condition of the internal exists; no wonder then that paralysis, coma, loss of power and mania should occur. In this form of epilepsy, the greatest amount of benefit would be derived from trachiotomy, and in proportion to the amount of laryngismus and its consequent dyspnœa; not however with the view of thus curing the disease, but of preventing the dire effects of repeated congestions of the brain.

This operation may be safely, easily, and rapidly performed; "*safe*" because almost bloodless and at the same time efficient to give relief; "*easy*" because consisting of little, more than a simple puncture, and one which need not occupy more than a minute. The instrument for this purpose consists of a broad pair of forceps, (something like ordinary dissecting forceps), but of which a portion of each extremity about one inch and a half, forms an angle with the handle. The points of these are furnished with a fine cutting edge, and the two blades meet accurately, so as to form as it were, one blade together. By their means, a puncture or short incision is made transversely through the skin and cellular tissues, and between the rings of the trachea, so that their cartilages are not *cut or injured in any manner*. The blades being left free in the cavity of the trachea, and held there by the left hand, a screw placed in the handle, is turned gradually,

by which means the blades separate and dilate, without lacerating the structures around, until the opening is sufficiently large to admit a tube. The screw being then turned, the forceps may be removed, and the operation is completed; of the facility of this operation, he had been fully satisfied by repeated trials on dead subjects, and its giving rise to no inflammation, when performed on inferior animals, was led to expect a similar result in man; this has been further strengthened by the actual performance in two instances, which were followed by no unpleasant results. One of these individuals has worn the tube for 26 months, still continuing its use; the other had worn it till her death, (a period of 16 months), at the autopsy, no traces of inflammation were found.

This operation may be advantageously resorted to in laryngitis, in paralysis of the glottis, arising from the effects of narcotic poisons or other causes, in hydrophobia (as first noticed by Dr. Physic of Philadelphia), as all who have previously died when suffering from this disease, have died from apnœa, by performing tracheotomy, death from this cause at least will be prevented, and as yet there is no contradicting evidence to lead to the belief that the disease may not eventually wear itself out or yield to treatment.

The following experiments on animals with strychnine may be interesting, as bearing a strong resemblance in its effects to tetanus and hydrophobia.

Four dogs as nearly of one size and age as possible were obtained; to the first was given one-sixth of a grain of the acetate of strychnine, which produced slight spasmodic action of the limbs, and some difficulty of respiration; he was then subjected to various excitements, which caused epileptic spasms and finally death.

To the second a similar dose was given, but was allowed perfect quiet, and next day he was perfectly well.

To the third three-sixth of a grain was given, this dose was followed by violent and prolonged tetanic spasms, with laryngismus, with violent expiratory efforts; apoplexy, asphyxia, and finally death.

The fourth was treated with the same amount, trachiotomy was immediately performed, and the animal recovered.

Attention may now, be directed to the treatment of epilepsy, which consists first, in the removal of the exciting cause, and afterwards, directing attention to the particular condition remaining; if undue excitement, prevails, sedatives must be resorted to; if undue susceptibility, tonics will be required.

According to his experienee in the treatment of the first condition, henbane possesses the most reliable properties, this he generally gave in doses of the tincture from 15 to 20 gtts, or of the extract in 5gr. doses, three times a day; in the latter condition the acetate of strychnine deserved most confidence; this he admistered in solution, one grain to the ounce in doses of 5, 10 or 15 drops, (according to the necessity of the case), three times a day.

It may not, perhaps, be useless to remark, that deep or profound sleep, is a common exciting cause of a recurrence of the paroxism; some persons indeed, suffer only during the night, or on being awaked from sleep.

The bearing of illegitimate children, may also be enumerated amongst the exciting causes of epilepsy, and doubtless, the many cases of infanticide occurring under these circumstances, may be the result of temporary insanity, which the nervous shock is sufficient to produce.

On enquiry being made as to what point in the trachea was most advantageous, for the performance of tracheotomy, Dr. Hall stated, that Mr. Thompson of London, who was at present investigating this subject, considered the most eligible point immediately below the cricoid cartilage, that is, below the first and second rings of the trachea; he (Dr. Hall) prefered the lower part of the trachea, as being less liable to inflammatory action.

Dr. W. Wood, as an illustration of sleep being an exciting cause, gave the following history of a case. A boy, aged about twelve years, was attacked during sleep with epilepsy, which lasted for several hours; at the end of three months he had another slighter attack, at the end of *ten* years a third; from that time, they occurred regularly once, and sometimes twice a month—invariably during the night. Once he had an attack in the street, having slept heavily during the afternoon. The treatment resorted to during the fits, consisted of repeated doses of tartar emetic and ipecac. After the last attack a seton was placed on the back of his neck, frictions of Granville's lotion were used along the spine; from that time there was no return of the disease for six years; during which time he studied Law, and became eminent in his profession. Having dispensed with the use of the frictions, he became afflicted with rigid spasms in the forearms, accompanied with intense pain; the intellect, however, remained unimpaired. From intemperate habits the disease resumed its original form, which finally caused his death.

*Relation of Cases.*

Dr. Buckner. I was called in consultation with Professor S. Haubury Smith, to see Mrs. Kendall, on the night of the 24th of April last. She had been seized with puerperal convulsions about dusk, some six hours before I saw her—had been bled freely by Dr. Smith, and taken an active mercurial cathartic, which had not yet operated; we agreed on actively opening the bowels by enemata. About 8 o'clock A. M., of Monday 25th, her labor commenced, and proceeded regularly, terminating at 4 P. M. of the same day.

During the labor the convulsions ceased entirely; she having had some 8 or 10 previous to the birth of the child. Each alternate fit partook more of the apopletic form, being characterized by stertorous breathing and symptoms of coma, while the others were decidedly epileptic in character. After the birth of the child, and during the expulsion of the placenta by uterine contraction, she was again seized with convulsions, which cotinued to return at intervals of about two hours untill 2 o'clock that night. During this time she was bled a second and a third time, amounting in all to some fifty or sixty ounces of blood. The bowels being freely opened, and having carried blood-letting as far as her strength and pulse would justify, we had recourse to *narcotics*, and put her on full doses of opium and tartrate of antimony, which soon produced symptoms of narcotism, when the convulsions entirely ceased. It is proper to state in this connection, that chloroform was used several times during the convulsions, but without any apparent mitigation of the spasms.

The following day (Wednesday) she was quiet and in a profound state of somnolency. The opiates were discontinued, and camphor and hyoscyamus substituted. During Thursday and Friday she was quite easily roused, and decidedly hysterical, crying and laughing alternately—seemed to recognize her friends and attendants, but manifesting decidedly more and more maniacal symptoms, and by Saturday evening *puerperal mania* was distinctly manifest—sometimes screaming, at others crying, or engaged in rapid, incoherent conversation. Her circulation was both rapid and feeble, the heart at times laboring violently—pulse 160 in a minute, small and compressible.

At this stage of the disease, Professor Smith, her attending physician, having to leave the city, to attend the meeting of the American Medical Association in N. York, the treatment of the case from this time devolved upon me. The

state of exhaustion seemed to demand a more supporting treatment. She was put upon stimulants and a more generous diet, and 4 grain doses of ext. hyoscyamus given at bedtime. The tincture of canabis indicus was also given occasionally, with a view of quieting nervous irritability. A singular fact is perhaps worthy of note, as a psychological phenomena, viz.: The first thing she spoke on the return of consciousness, was to finish the sentence which was but partly uttered when she was seized with covulsions several days before.

Marshall Hall of London being in the city at the time, was invited to see the case. Having devoted a great portion of his time to the investigation of the diseases and functions of the nervous system—in which department of science he has preeminently distinguished himself. He fully concurred in the previous treatment of the case, and advised the continuance of the supporting treatment, nutritious diet, wine whey, with feruginous preparations. This course was rigidly pursued—an occasional dose of bi-carbo. soda et rhei, was given as an aperient and antacid. This treatment was continued for several weeks with but little improvement—the case assuming a more quiet form of settled melancholy, and likely to be protracted, it was deemed best to send her to the asylum.

Professor L. M. Lawson, presented the following account of a gentleman, who had consulted him, suffering from slight attacks of epilepsy; at first occurring once a year, but increasing in frequency, being then attacked once in three or four weeks. On minute examination he could discover no organic disease; the only prominent symptoms were constipation and a weakened action of the heart, the first sound being considerably shortened; he wished to know what relation this condition of the heart bears to epilepsy, having frequently noticed it in persons afflicted with this disease.

Dr. Hall remarked, that it was only necessary to remember the action and distribution of the pneumogastric nerve; arising as it does, from the medulla oblongata, and being distribuied to this organ, as also, to the principal organs of digestion, hence the constipation and disordered action of the liver so common in the disease.

Dr. Buckner inquired for Dr. Hall's opinion, as to whether puerperal convulsions were the result of mental excitement, or uterine irritation.

Dr. Hall referred it to the latter, noticing that the convulsions arose during the contraction of the uterus, and also, that the act of examining the os-uteri will produce a similar effect.

# Reviews and Notices.

*On Diseases of the Liver.* By George Budd, M. D., F. R. S., Professor of Medicine in King's College, London. Second American, from the last and improved London Edition. With colored plates and wood cuts. Philadelphia: Blanchard and Lea. 1853. pp. 468.

Dr. Budd's treatise is well known to the American profession, an edition having been published, some years ago, in this country, and therefore, requires but brief mention on the appearance of this second edition. Those who have carefully studied this work cannot fail to perceive that it is the production of one entirely familiar with the subject, and who has faithfully and accurately described the various diseases to which the liver is subject. There are few organs of the body charged with more delinquencies than the liver; and yet, strange as it may appear, probably in no other instance are the physiological and pathological relations of a viscus less carefully studied, or more imperfectly comprehended. We have no hesitation in believing, that a careful study of Dr. Budd's work, will serve to enlarge and systematize the knowledge of the practioner, and thus enable him to prescribe with increased accuracy. For sale by H. W. Derby & Co.

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*A Practical Treatise on the Diseases of Children.* By J. Forsyth Meigs, M. D., Lecturer on the Practice of Medicine in the Philadelphia Medical Association; Fellow of the College of Physicians of Philadelphia; Member of the Academy of Natural Sciences of Philadelphia, and of the American Philosophical Society. Second edition, revised and enlarged. Philadelphia, Lindsay and Blackiston. '53.

The well earned reputation of Dr. Meigs, as authority in any thing he might say in relation to the diseases of *women* and *children*, will insure a demand for any work emanating from his pen, on these important subjects.

The second edition of his treatise on the diseases of children is, perhaps, the most complete work of the kind extant. The "*introductory essay on the clinical examination of children*," that is added to the second edition, is particularly valuable. Every practitioner has felt the extreme difficulty of arriving at a correct diagnosis in infantile diseases. The inability of children to answer examining inquiries, and the excitement or alarm, that they generally manifest in the presence of a physician, compell him to base his judgment upon very different data from what he receives from the adult invalid. Indeed, the difficulty is so great in properly diagnosing the diseases of children, that we fear that those interesting little sufferers, are often prescribed for with a blind, or very obscure view of their cases; hence, any work that will afford us additional means of avoiding this, too often, fatal error, should find its way, rapidly, into the hands of every physician. The treatise of Dr. Meigs, in the present improved edition, seems to supply our wants in this respect, and to give us what is known on the subject down to the present time. For sale by Derby and Co.

# Progress of Medicine.

## ENGLAND.

*On the Treatment of Tape-Worm by the Male-Shield-Fern.* By Robert Christison, M. D., V. P. R. S. E., Professor of Materia Medica in the University of Edinburg; and Ordinary Physician to the Queen in Scotland.—Since the notice which appeared in the Monthly Medical Journal for last June, of the effects of the oleo-resinous extract obtained by ether from the root of the male-shield-fern, in the treatment of tape worm, I have had many communications from my friends at a distance, stating their experience with it, or consulting me as to its administration. The cases

which have thus come under my notice, in greater or less detail, are now so numerous that it may be of service to make know the results, in order that the medical profession may judge whether the very sanguine expectations formed by M. Peschier, who first used the male-shield-fern in the form of an etherial extract, are likely to be realized in this country.

The cases which have been communicated to me amount to upwards of twenty. In some I was consulted about the treatment before the remedy was given. In several the worm discharged was sent to me in evidence of the efficiency of the remedy. The cases occurred in various parts of the country, some in England, some in Scotland.

In every case, without exception, the worm was discharged after a single dose, and usually in in one mass. In some it was brought away without any laxative, and occasionally in that case with very little feculent discharge accompaning it. For the most part there was no pain or other uneasiness, either before or during its action. This was the case even in an instance in which the tendancy to the disease had existed for no less than seventeen years, and in which the worm evacuated was the largest and strongest I have ever seen. Several patients who had often previously used other anthelmintics, have noticed this absence of uneasiness during the action of the male-shield-fern, as something different from what they had experienced invariably before. It must be allowed, however, that several other individuals have complained of griping, sickness, or indiscribable discomfort in the abdomen, and sometimes even of vomiting. But it admits of question whether these occurrences depend on any direct action of the remedy on the human body, or upon the disturbed condition of the worm under the poisonous operation of the remedy on it. In fact, we have yet to learn that the male-shield-fern exerts any action on the human stomach or intestines, in the course of its deadly action on the parasitical inhabitants of them.

In only two cases have I heard of the disease having reappeared; and in both, the interval has been about six months. Of course there may have been others which I have not heard of. When the worm does not show itself in the discharge for some months after the effective operation of the remedy, I think it is more consistent with reason to say that the disease had returned, than to hold with some that the cure was imperfect, that ova were left to reproduce the worm, or that the head had remained to sprout again and renew the multi-

tudinous joints behind it. Nevertheless, I have lately advised the subjects of tænia to repeat the dose of the extract once a month for a little, until joints shall have ceased for some time to appear. In none of these cases have any joints been subsequently seen in this way. But it is a very simple precaution to take occasionally a remedy so little disagreeable. A patient, as to whom I was consulted by Dr. Graham, of Cupar, had been liable to a ruturn of the disease every few months for nearly twenty years, during most of which time he was in the army, and got oil of turpentine, with partial success, from the successive medical officers of the regiments in which he served. In this instance, I have recommended an occasional dose of male-shield fern as a security. The first dose brought away a very large worm without oecasioning any inconvenience; and no joints had appeared in the discharge eight months afterwards.

At first I gave eighteen gruins for a dose. But afterwards and I admit without any reason except a desire for greater certainty, I have advised an increased dose of twenty-four grains. On the whole there has been less complaint made of uneasiness during the operation of the remedy since the larger dose has been used,—possibly because the worm is killed more speedily, and that the drug has no inconvenient action of its own upon the human alimentary canal, although given even in the larger quantity.

It was stated above that the etherial extract of male-shield-fern had not failed in a single instance to bring away the worm with the first dose. In one case, which occurred in this city, it did seem to fail. But on repetion of the trial, with an extract prepared under my own instructions and superintendence, the effect was complete and speedy as in all the other cases. On proceeding to enquire into the circumstances of the previous trial, I found that the extract had been obtained from a druggist of unquestionable skill, who had made it for the first time; and it appeared that his preparation was of firmer consistence and more resinons-like than what I had been accustomed to use and recommend as made by another druggist in Edinburg; and its taste was decidedly different. This imperfect extract proved to have been prepared from powdered root obtained from London; so that it was reasonable to conclude that the wrong root had been collected, or that it had been incorrectly dried. I believe that every druggist in good business in Edinburgh can now supply the genuine article.

As no experiments have yet been tried with other ferns,

the selection of the proper species *Lastræa Filix-mas*, must be considered for the present an important condition of success. Several other ferns, one common, others not so, may be readily mistaken for the true one by an uninstructed, or careless, or unconscientious collector. It is itself luckily very common. Except the *Pteris aquilina*, no other fern is familiarily seen in every dell of Scotland at least. The only other common one, and which indeed often grows in immediate proximity, the *Athyrium Filix-Femina*, is known by the frond; which, whether luxuriant in summer, or withered in winter, is easly recognized to be doubly pinate, and not, as in the true plant, singly pinate.

Peschier says the plant is efficatious chiefly between May and September, inclusive. We may trust so good an observer for the fact, that the root is efficacious in that intervel. But it so happens that all my own specimens of the eleo-resin were made with fresh roots, collected in February, two months at least before the young fronds begin in Scotland to peep above ground; and the preparation, which has been got in the shops of Edinburgh for almost all the cases reported to me, was prepared about the same time by one druggist. Hence, I suppose the root is quite efficacious enough at any season, if it be used fresh. I know nothing of the effect of keeping the root long. Peschier thought the oleo resin began to lose activity in a year. I have known it used of that age with complete effect.

I might easily illustrate these statements, according to the rule of the day, by a long list of cases, with uniform details, tiresome by their reiteration. But they all come to the same thing as the last which was communicated to me the other day by a late pupil, Dr. J. C. Davies, of Holywell, Flintshire, in the following terms: "According to your advice, I sent to Edinburgh for the extract of the male-shield-fern, and have administered it in two cases, as directed by you, with the most satisfactory results."

In conclusion, my experience of the male-shield-fern corresponds precisely with the much more extended observation of Peschier, at Geneva, more than a quarter of a century ago. I am persuaded, therefore, that it is easy, with a few simple precautions, to obtain from a common indigenous plant a more efficacious and less disagreeable anthelmintic for the expulsion of tænia, than from either the Abyssinin kousso, the Continental pomegranate, or American turpentine. It is surprising that Peschier's observations, made on a very large

scale indeed, have attracted so little attention in Britain until the late notice in the Edinburgh Monthly Journal. I can only say this has not been for want of a strong recommendation on my own part, both in my lectnres constantly since 1833, and also in my Dispensatory, when first published in 1842.

*Fragment of a Clinical Lecture.* By James Syme, Esq. *Carbuncle.* — I regret not having been able to meet you on Thursday, from being called into the country to see a nobleman laboring under the disease named Carbuncle; and as there has not lately been a case of it in the hospital, I may take this one for a text in making some observations upon the subject with respect to which, I am sorry to find that very vague and erronious ideas are prevalent. The examination papers of gentlemen, now candidates for graduation, in reply to a question concerning this disease, generally contain few or more of the six following errors, any one of which is calculated to mislead most seriously in practice. In the first place, it is said that carbuncle depends upon a weak, impoverished state of the system, while it is notoriously met with more frequently in the opposite one of redundent nourishment. Little logic will be sufficient to satisfy you, that if the disease originates in these two oposite conditions it cannot be owing excusively to either the one or the other. The truth is, that it arises from neither, but from a deranged state of health common to both, which may result from anxiety and distress of mind, want of sufficient exercise; or, in short, any circumstance disturbing the mode of life. The second error is referring the origin of the disease to the sub-cutaneous cellular tissue, while it is truly seated in the true skin. From this texture it may, and if allowed to proceed, does extend to the subjacent tissues, not excepting the fascia and muscles, but only in a secondary way; and if an incision be made through the carbuncle at a moderately early period, simple inspection will at once show that it affects only the *cutis vera*, which becomes greatly thickened, infiltrated, and studded with little abscesses, so as to present an appearance not easily forgotten after being once seen. The third error is attributing the good effects of an incision through the inflamed part to the vent thus afforded for the escape of sloughs, since if the incision be sufficiently early and free, there will be no slough, and the slough when it does form is chiefly in the skin, so as not to require any opening for its discharge. A simple

and partial incision does but little good; but when carried in a crucial direction fairly through the whole extent of the disease, together with the inflamed border of skin that surrounds it, the morbid action is checked with almost absolute certainty, whatever may be the stage of its progress. In a case formerly under my care in this hospital, where the disease extended from the nape of the neck to the sacrum, I made a longitudinal incision through the whole length, with other four transversely, and had the satisfaction of seeing the patient recover. The fourth error is, designating this disease as an "asthenic" inflammation; if this title is meant to express a weak uncertain sort of action, that does not seem to know its own mind —like that of an idolent bubo which has been treated by starvation and leeching, and remains *in stato quo* for an indeffinate period, without undergoing any change—since of all inflammations,a carbonicle is unquestionably the most intensely and uncompromisingly *sthenic*, resisting all milder modes of treatment and yielding, in its rapidly destructive course,only to the free incisions which remove tension, and cause a copious effusion of blood. The fifth error is, proposing the use of caustics, such as potassa fusa, for the treatment of this disease, which,coupled with the dread expressed in regard to the presence of a slough,certainly appears mostwhimsically absurd. If a carbuncle necessarily led to death of the part affected, there might be some reason for this destructive application. But as proper treatment, even at an advanced stage of the morbid process, induces it to subside without any loss of substance, there can be nothing more false in theory, or more injurious in practice, than employing any agent of the kind in question. The sixth error is, administering wine and other cordials while the disease is still in progress, which, whatever may be the condition of the patient's system, must tend to hasten on the evil. When the peculiar action has ceased, and there is merely required strength for suppuration, granulaton and cicatrisation, a nourishing diet may be proper. But so long as the carbuncular tendency exists, milk and farinacious food are the most safe and appropriate articles for support. The discovery that so many gentlemen were about to enter upon practice with principles thus unsound, occasioned me deep concern, and I confess, also no small disappointment. The interest which they had expressed in my lectures, and their eagerness to see the patients under treatment, led me to believe that they were desirous of learning the principles upon

which my practice was founded. But it turns out that it was only the practice they cared for, and that they think any sort of principles good enough for their purpose. Perhaps they regard the newest fashion the best, as they would do in choosing an article of dress; and in this case I would recommend to them a plan of treating carbuncle that I read no longer ago than yesterday in a French medical journal—the "Medical Gazette" of Paris—which is, to employ no local treatment at all, except the application of a poultice. I cannot compel you, gentlemen, to follow a different course from your predecessors, but I can and have given notice that I will decline appointing to any office in my department of the hospital, gentlemen whom I do not find upon exaination, either to maintain the principles which I have laid down for their guidance, or able to give me some reason for not doing so.

*Upon the Composition of the Semen in Old Men.* By Dr. A. Duplay.—Bérard, Burdach, Miller, Longet, state that spermatozoa are absent in the seminal secretion of the aged; Wagner alone asserts, that, in men of seventy to eighty years, these bodies are found in the vesiculæ seminales, if not in the testicle. Facts tend to prove that the fecundating power is retained up to the age of 100. The author investigated the semen in fifty-one subjects, after death caused by various diseases. In its physical properties, the semen was sometimes of yellow color, as in the adult; generally of a paler, straw hue, or almost colorless, milky, or creamy. In twelve cases it was thick; but, in the greater number, it was serous, though mixed with the usual mucous secretion from the vesiculæ seminales. In most cases the vesiculæ seminales were full of fluid; in one only were they atrophied. The semen in the vasa diferentia was always darker-colored than that in the vesiculæ.

In thirty-seven cases, the author remarked the presence of spermatozoa; in fourteen he failed in detecting them. In twenty seven cases they were such as are usually seen in the healthy adult; in the rest the tail was shorter, and the head sometimes separated. Once he saw a number of crystals, whose nature he could not investigate. Considerable variety existed in their proportion.

In twenty-six cases, spermatozóa were found along the whole tract of the spermatic passages; three times only in the vas deferens; once only in the fluid of the vesiculæ semina-

les; seven times in the vesicula seminalis of the left side only. In the latter cases there existed mostly degenerations of the testicle, or obliteration of some part of the seminal duct. Secretion of semen continued, however, in cases where there was considerable atrophy of the testicle; the highest weight of which was 11.98 grammes, the lowest 4.50 grammes. The tissue of the testicle was always normal; the epididymis contained occasionally cysts. In four cases there was hydrocele. In the fourteen cases where there were no spermatozoa, the subjects had passed the age of seventy; but there were no special changes discoverable in the glands. The secretion of semen, concludes Dr. Duplay, continues in old men, but in a less degree; their semen contains spermatozoa even where the person is beyond the age for fecundation. The cause, therefore, of want of power to effect this end cannot be explained upon the idea of the deficiency of spermatozoa.—*Arch. Gen.*, Dec., 1852.

*The Aquatic Vivarium, Regent's Park.*—On the borders of the flower-bed in the Zoological-gardens, Regent's-park, has been constructed, of glass and iron, a building 60 by 20 feet in area, containing 14 6-feet tanks of plate glass. of these, six are ready for exhibition. They enclose masses of sand, rock, gravel, corallines, sea-weed, and sea-water; and are abundantly stocked with crustacea, star-fish, sea-eggs, actinias, ascidians, shelled and shell-less moluscs, and fish of the genera *gasterosteus*, *labrus*, *crenilabrus*, *blennius*, *globibius*, and *cottus*. The *alaæ*, which serve at once as ornaments and shelter for the animals, and as purifiers of the waters appear to bear their new situation as well as the lively zoophytes, and no difficulty has presented itself, so far, to the conservation of both. The collection is altogether from the British seas, but the building is so constructed as be capable of being enlarged, and the Society does not despair of exhibiting some of the more striking tropical and intertropical forms of invertebrate animals. The most complete portion of the collection are the *Actinias*, among which the specimens of *A. dianthus*, *parasitica*, *crassicornis*, are truly magnificient. The rare *Adamsia*, *palliata*, *Actinea nivea*, and *A. miniata*, are also objects which merit more than passing attention. The shelled moluscs are at present indicated rather than represented; but the vivacity displayed by the *pectens* and *littorinæ* are a sufficient gurantee for what may be done with them hereafter. The star-fish appear to

be rather more difficult in treatment, but among those displayed in the tank appropriated to them are two fine specimens of *palmipes menbranaceus*. *Echini* are not unfrequent, and gorgeously colored *opiocomas* and *solasters* brighten up the dark stones and shaded recesses of the *algæ* with an effulgence which is irresistibly charming. A few *holothurias* complete the series of this division of the British *radiata*, which the work of Professor Edward Forbes has rendered more popularly known than any other. The *crustacea*, too, which occupy the adjoining tank, are as numerous in species as they are lively in action. The tanks, visible on both sides, afford 390 square feet of view, and contain seven tons of sea.water. Of the marine fish, of which the blennies and cotti are almost always at the bottom, it may be said that their habits are being now, for the first time, investigated with success. This exhibition of living fish and invertebrates, besides exciting much curiosity, will be of most impressive usefulness to the student, to whom they have been only known hitherto by books and dried remains.—*London Med. Times and Gaz.*

*Pleuro-Pneumonia in Cattle.—Inoculation.*—Dr. Willems, of Belgium, recently announced, that he had discovered the means of greatly reducing the mortality from pleuro-pneumonia, if not of entirely arresting its progress, by inoculating healthy animals with matter from the lungs of one that had died of the disease; and very extensive experiments have been made to test the reality of the remedy. Professor Simonds, of the Veterinary College, having been deputed by the Royal Agricultural Society to investigate the supposed discovery, and having visited Belgium, and made extensive inquiries on the subject, has made his report, from which it appears that the prevention of pleuro pneumonia by inoculation is, to say the least, doubtful. In 1850, Dr. Willems having failed to arrest the disease by medical treatment, tried inoculation as an experiment, and has convinced himself of its success. The practice, too, is becoming general throughout the kingdom. A Dr. De Salve has also been extensively engaged in inoculating cattle in Rhenish Prussia, but with such ill success, that the government has ordered inoculation to be discontinued. The Belgian Government, however, takes a lively interest in the subject, and has instituted a series of experiments, which probably ere long will decide the question as to the value of the practice of inoculation.

The disease produced by inoculation is said to be local only, and not to affect the lungs, the seat of the natural distemper. "About two per cent.," says Mr. Simonds, "of the inoculated animals die, while a far greater proportion suffer from ulcerative and gangrenous inflammation of their tails, notwithstanding which the lungs, the local seat of natural disease, we are assured, never suffer. If experience proves this to be true, it must be regarded as new fact in medicine." And he mentions that, in 1757, Dr. Layard, a celebrated physician of that day, wrote an essay, recommending the inoculation of cattle to prevent deaths from a destructive malady which then prevailed in this country. Some distillers in Hasselt, who objected to inoculation, had their cattle-sheds quite free from the disease; and, while inoculated animals placed among a diseased herd are stated to have escaped, there have also been others, non-inoculated cattle, in the same situation, which have been equally exempt. Dr. Willems does not admit a single failure of inoculation; but, from other persons, Mr. Simonds received very contradictory accounts. To himself, none of the operations he witnessed appeared to be satisfactory. With the aid of several members of the Royal Agricultural Society, Mr. Simonds is about to undertake experiments in this country, in order to test the value of inoculation as a preventive of pleuro-pneumonia.—*London Med. Times and Gaz.*

*Mr. Lloyds New Lithotomy Operation.*—We are watching with great interest the progress af two cases in which Mr. Lloyd has performed a new operation for the extraction of stone from the bladder. It would be altogether premature to report them at present; but, as soon as they are concluded, we shall hasten to bring them *in extenso* before our readers. We may state however, that the operation consists in cutting into the rectum from the medium line of the perinæum, thus freely dividing the anterior commissure of the spincter ani. From this external incision, Mr. Lloyd dissects upwards, still keeping in the median line, to the membranous urethra which is slit up as far as the edge of the prostate, the knife being guided by a previously-introduced staff. The prostatic urethra is lastly dilated until of sufficient size to allow of the introduotion of the forceps and the extraction of the stone. Neither the bladder nor the prostate is in any way wounded. Mr. Lloyd performed the operation on two boys on the same day; and in each case with

considerable ease. The patients have thus far progressed remarkably favorably.—*London Med. Times and Gaz.*

# Miscellaneous.

*Anatomy of the Brain.*—We have seen some of the plates of a work, now being published in this city, by Dr. Landon Rives, designed to illustrate different dissections of the brain. From what we have seen, we should suppose it peculiarly suited to the wants of the student, and also a great convenience to the practitioner, who wishes to refresh his memory upon the anatomy of this organ. It is the design of the publisher, to have the whole completed by the first week in October, so that students may have an opportunity of supplying themselves at the beginning of College Courses.

The plates which we have seen, are beautifully executed—colored to life—the artistic style of which is much to the credit of Mr. Middleton the engraver. When the series are completed, as they probably will be, before the issue of our next number, their merits will be discussed more fully.

*Obituary.*—It is with feelings of unfeigned sorrow, that we are called to announce the death of our distinguished professional brother, Dr. P. J. Buckner,. His reputation as an operator for the removal of ovarian disease, is well known to the world, and his many virtues as a christian and gentleman, endeared him to all who knew him.

At a meeting of the profession, the following preamble and resolutions were passed.

*Whereas*, our able and most estimable brother, Dr. P. J. Buckner, has been taken from our midst by the hand of death, and whereas he was in life distinguished not less by his kind and courteous manners; his benevolent heart and manliness of character, than by his zeal for the promotion of medical education, and the advancement of medical science; therefore,

*Resolved*, That our profoundest sympathies are extended to the bereaved family and friends who mourn with us an irreparable loss.

*Resolved*, That as a further testimony of our respect for the memory of the deceased, we will, in a body, attend his remains to the resting place of the dead.

*Resolved*, That a copy of these resolutions be presented to the family of the deceased, and to the daily papers for publication. LANDON C. RIVES, *President.*

S. BONNER, *Secretary.*

# Western Lancet.

EDITED BY

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## YELLOW FEVER AT THE SOUTH AND NORTH.

It is not our purpose to attempt any detailed account of the reported ravages of the present epidemic of yellow fever, for at the present time, and this distance from the seat of the disease, it would be impossible to do more than reiterate the newspaper statements which have reached us; but there are a few points which strike us as possessing sufficient interest to warrant their introduction at this time, and which sustain a general relationship to some other epidemics. The following article from the *Boston Medical and Surgical Journal*, introduces the subject of contagiousness of the disease.

"*Contagiousness of Yellow Fever.*—For some years, very little has been said in favor of the opinion, once generally entertained, that the yellow fever could be carried from one place to another, and thus propagated. Physicians at the South, have pretty uniformly agreed that the disease was not contagious; but the people generally believe that it is, and municipal health regulations, throughout the United States, are enforced upon the principle, that if all communication with the sick is cut off, the malady may possibly be controlled. It is quite remarkable, and will be so re-

public medical advisers, stand firmly in the doctrine of non-contagarded by our successors, that while learned medical writers and gion in this matter, every board of health acts independently of their advice, and often contrary to their counsel. The legislatures of the different States, and even the general government, also pursue the same course. Under ordinary circumstances, this would be called a gross insult; but the wise ones swallow all with a pacific deportment—still insisting that no danger is to be apprehended from yellow fever. Evidence of a conclusive character seems to have been presented in New Orleans, to show that the present scourge was introduced by a vessel; and in every previous instance, when the fever has swept off the citizens by thousands, the infliction, as it has appeared afterwards, might have been avoided by a strict health police examination. At Natchez, the fact is undeniable, that the yellow fever was carried there from the infected city below; and thus it creeps onward, sweeping away, as it moves, masses of human beings, whose lives might have been preserved by ordinary vigilance and non-intercourse. Individually, we are obliged to believe in the infectious character of this southern plague. If the medical authorities, numerous and respectable as they are, still adhere to their medical conclusions, we are compelled to acknowldge that the history of these epidemics is against them; the popular sentiment declares they are in an error; and those who have neither prejudices nor pride to sustain in order to be consistent, are constrained to believe, what the repeated mortality of New Orleans has thoroughly estalished, that the yellow fever is an infectious disease."

It is not a little remarkable as stated by our contemporary, that while medical men, learned associations, and deliberate committees, report this and other diseases non-contagious, boards of health, governments, and the mass of the *people* regard the matter in a different light. This fact is not a little humiliating to science; and the question is very naturally suggested, why have not communities confidence in the profession on this subject? Is it because the non-professional community cannot appreciate the facts and arguments adduced by the profession? or does the want of confidence arise from a palpable discrepancy between the *facts* and *opinions* on this subject? We strongly suspect that this disregard of professional opinion, on the part of communities and governments, arises from a well founded conviction, that disease has been transported from one country to another, and there propagated among the inhabitants. The simple observation of such a act, would be made with more accuracy and fidelity by a commercial man, or other non-professional person, than by a physician

who might chance to have a bias in favor of some particular theory. Moreover, physicians often lose sight of the *first* facts of a case, and subsequently draw their conclusions from a disease as it spreads through a dense population, in which it is difficult or impossible to make any satisfactory discrimination.

But there is another fact still more important, (which medical men seem to forget)—*that epidemics may be propagated both by contagion and through the medium of the atmosphere.* This, it is true, has been denied; but the facts are too pointed to admit of successful contradiction. If, then, it happens that, during an epidemic, a person contracts scarlatina, cholera, or yellow fever, without having been exposed *to any particular case*, such a fact, proves only *one* mode of propagation, and does not furnish the slightest evidence, that the disease may not be transmitted from person to person. It appears, indeed, that one person will observe one class of cases, and one mode of propagation, while another becomes equally impressed with the opposite class—and thus the two classes of contagionists and non-contagionists are readily formed.

We shall expect the present epidemic of the south to find a historian; but, as heretofore, (and especially as in the late epidemic f cholera), we shall expect to find the observations restricted to the passage of the disease from house to house, and from street to street; while its origin or introduction will be overlooked. We do not intend, of course, to intimate that any unfairness will be intended; on the contrary, no doubt, a true statement will be honestly attempted, but constantly overshadowed by preconceived and unalterable opinions.

It has already been affirmed, that the present epidemic in New Orleans, was introduced by a ship, and that three successive relays of hands sickened in discharging its cargo. Now, is this true or false? Let the New Orleans historians fairly investigate this case, and let us have the *facts*, independent of their speculations. We do not suppose New Orleans to be free from the endemic causes of yellow fever, and therefore, the disease may originate there; but if a clear case of importation can be established, it is certainly a point of no small importance.

In the *September* number of the *New Orleans Medical and Surgical Journal*, it is affirmed that—"*the first fever cases originated*

*among the shipping along the levee*, in the Fourth District, from which point it extended rapidly through the adjacent portion of the town." Whether this was regarded as importation, or domestic origin, we are not informed. The *prima facia* evidence would be altogether in favor of its importation.

The following item, bearing on this question, we take from a public journal. It is of that class which medical writers are too apt to disregard, but which makes a deep impression on the unbiassed observer:

"*Yellow Fever in Coffee.*—The yellow fever has broken out in the town of Fulton, on the Ouachita river, in the interior of Lousiana. The deaths in one day were seventeen. The disease is supposed by the inhabitants, to have originated there, from a consignment of coffee, shipped direct from Rio, by the way of New Orleans."

In addition to this, we may mention, that the disease has extended along the river from New Orleans to Vicksburg, and in various other directions. How far this may be the result of personal intercourse, or the extension of an epidemic atmosphere, remains to be developed. The journal from which we have already quoted says that the fact is undeniable that the fever was conveyed from New Orleans to Natchez.

Yellow fever, however, is not limited to the South—it has again appeared in Philadelphia, and doubtless there are many more cases in New York than have thus far been reported. We learn from the *Medical Examiner* that, up to the 20th of August, thirty-eight cases had occurred, of which number, thirty-one proved fatal, twenty four being accompanied with black vomit.

In regard to the oirgin of the fever, the *Examiner* makes the following statement:

"The origin of thsi fever may be involved in some doubt and obscurity. Whether from a specific germ imported in the barque Mandarin, or the product of her putrid bilge water, or of spontaneous birth in that particular locality where the irruption first manifested itself, still remains a perplexing question to solve. One circumstance connected with its history is clear, viz: that no yellow or malignant fever, or any epidemic, pervaded our city prior to the arrival of the barque Mandarin. This unfortunate vessel arrived here, all well, from Cienfuegos, Cuba, after a passage of seventeen days, on the 13th of July last, and hauled to at a wharf between Lombard and South Streets. Six days after, the first outbreak of fever of a malignant type showed itself in that im-

mediate vicinity. From this point it spread itself in about one month over the district above named.

It may be proper here to state that the Mandarin came from a port in the West Indies, where "a few cases of small pox and fever" prevailed; that she lost two of her crew from "fever" on the passage; that her bilge water was in a very foul condition, and notwithstanding she was detained at Lazaretto, for cleansing purposes, yet, after opening her hatches and discharging her cargo, consisting of sugar and molasses, the bilge water was exceedingly offensive, and before she was removed by the board of health, the stench became intolerable."

In another paragraph, we find the following reference to a possible local cause:

"In enumerating all the facts in connection with the appearance of this fever, it must not be overlooked, that at the dock fronting South street there is the open mouth of one of the sewers of the city, belching forth at all times its decomposing compounds of filth, which, when the tide is low, being exposed, must contaminate the immediate atmosphere with foul and unwholesome exhalations."

The sewer referred to, can hardly be charged with the production of the fever, for it has doubtless been in the same situation for years, without having produced yellow fever. It is stated, also, that all the cases, with one exception, could be traced to the affected district; and even the apparent exception was a drayman who had been much in the vicinity. It appears, therefore, a warrantable conclusion, that the disease was imported by the barque Mandarin, or originated in the offensive bilge water of that vessel. It is most probable that the disease was fairly imported to Philadelphia.

The facts in regard to these and similar epidemics, leave no room to doubt that yellow fever is both portable and contagious, although it may originate, (and doubtless does) in the southern portions of the United States.

As this article is altogether fragmentary, we may mention one or two additional points of interest connected with the New Orleans and Philadelphia fevers.

The following paragraphs are taken from the *New Orleans Medical and Surgical Journal.*

"The type of the epidemic differs but little from that to which we have been subject in former years; and the belief that persons have died of the disease in six and eight hours from the moment

of seizure, can readily be explained by a better knowledge of the antecedent history of the case; for on inquiry it would generally be found that such individuals have had slight fever and other symptoms of the epidemic for two or three days previously to taking their bed and calling in medical aid. This surmise gains additional strength from the fact that the attack, in many instances, has been so insidious and destitute of alarming symptoms, that it is with difficulty such persons could be persuaded—could be prevailed upon to submit to the usual restrictive treatment.

It is not strange that such cases, which had been neglected for two or three days, in the early and curable stage of attack, should terminate in fatal black vomit, in a few hours after, the physician is summoned to the bed-side of his patient. So much for the apparent malignanly of the present epidemic. In making the foregoing explanation, we aim not to deny the existence of an occasional case of extreme severity; so severe indeed as to terminate in death in a few hours, in spite of the best efforts of the most skilful physician and the most careful nursing."

Nothing is said of *treatment*, in New Orleans, except the following negative declaration. We presume no treatment was found very effective.

"*Quinine in Yellow Fever.*—Our experience during the present epidemic, with the Sulphate of Quinine, has convinced us that large doses of this salt cannot be relied on in the early stages of the attack.

In the commencement of the epidemic, the advocates of large doses of quinine, soon found that this article, when given in sedative doses, failed to accomplish a cure, although the febrile symptoms gradually gave way to its use.

As the epidemic progressed, and its type and characteristic symptoms became better known, few as far as we can learn, ventured to give large and repeated doses of this salt, except in particular instances. In our previous epidemic of yellow fever, the quinine practice succeeded best; but it is generally conceded, as far as we could ascertain, that this season it failed in a majority of cases to sustain its previous high reputation—as a powerful curative agent. Hereafter, we shall have more to say on this subject."

No mention is made of the mode of treatment in Philadelphia; and the fact that thirty-one out of thirty-eight died, is sufficient evidence of the failure of medicine. The *Medical Examiner* gives the followtng account of the symptoms and post mortem appearances.

"The question may be agitated by some one who has not witnessed a single case of this disease, "Is it yellow fever?" In answer, we would reply, that the most reliable evidence has been fur-

nished of its being genuine yellow fever. Prof. Samuel Jackson saw two of Dr. Gegan's cases, and had one of his own; in all of them he recognized the same enemy that visited our city in 1820. Other gentlemen, who had seen the disease in the South, and in the West Indies, at once regarded the fever to be similar in all its features.

It was ushered in by intense headache, pains in the loins and extremities, distress at the epigastrium, nausea and vomiting, tongue soft and white, with red edges, eyes of a pink or yellow color, skin assuming a yellow tinge, in some instances petechiæ; the fever lasting for three and sometimes four days, and then remitting; the patien. feeling better, and in some cases says he is well; but in a few hours, prostration comes on rapidly, with vomiting of black matter, in which, under the microscope, blood corpuscles have been discovered; the ejections from the bowels are thin, watery and dark in their appearance, with hemorrhages. In the fatal cases, no reaction of the system comes on, and the patient dies on the third, fourth or fifth day, and almost invariably the whole surface of the body becomes of a deep jaundice color.

A post mortem, where it has been made, reveals the usual appearances found after death, in those who have died of yellow fever, viz.—softening of the mucous membrane of the stomach with patches of inflammation, the liver contracted and invariably of a light yellow or box wood color. In several instances the peculiar black fluid, called black vomit, was found in the stomach or intestines."

# Original Lectures, Essays & Communications.

## *Effects of Diseased Teeth and Gums on the General System.*

By J. RICHARDSON, Practical Dentist, Cincinnati.

There is perhaps no surer, certainly no more gratifying evidence of rational and scientific progress in the profession of dentistry, than is manifest in the active thought and diligent attention which has already been, and is still being bestowed by some of its members on the subject indicated at the head of this article. Whilst the accuracy of this statement is conceded, as applied to this department of science, it is matter of unaffected surprise and regret that the same cannot be truthfully said of the medical profession of this day. It is true, its great importance has been repeatedly acknowledged and urged with commensurate ability and earnestness upon the attention of medical practitioners by

such men as Rush, Chapman, Darwin, Hunter, Halford, and others, but it is equally true, that the experience, observations, and researches of these eminently practical men in diseases of the teeth, have not been made available in the treatment of general disease.

On the contrary, the practice of the profession generally is signally characterised by a strange and lamentable neglect of, and apparent contempt for the important pathological indications, so frequently furnished by diseased conditions of these organs, and so clearly pointed out and commended to their attention by the distinguished persons already alluded to. The labors of recent pathologists also, are as barren of practical fruits, bearing upon this subject, as the profession at large are dead to its importance.

That a misconception of the agency which diseased teeth and the parts immediately asssociated therewith, exert in the production of many affections, having but an *obscure* and *uncertain dependence* on this primary source of morbid action, should lead to some errors in practice, and consequent abortive treatment, is not very remarkable. That the wide range of nervous phenomena growing out of those mutual, intimate, and mysterious relations which the several parts of that system bear to each other, and manifesting themselves, under varying conditions, in almost unlimited modifications of normal and abnormal action, should not be *fully comprehended* is reconcilable with our knowledge of the imperfect and limited nature of man's mental perceptions. But we are aided by tno such extenuating circumstances, in considering diseases of the teeth and gums, as they usually present themselves. We cannot avail ourselves of the plea of obscurity or defective perceptions, while the eye rests in unobscured vision on organs black with tartar, mutilated with gangrene, bathed in corruption, and reeking with foul odors. Easy of access, their functional and structural lesions constantly manifest, endowed with exquisite sensibility under provocation, and sustaining intimate anatomical and physiological relations with some of the most important viscera, as the stomach, lungs, brain &c., both by continuity of structure, and nervous and vascular communication; their conditions and relations are at once suggested. That such conditions and relations, in their very nature so obvious, so persistant, so inveterate, unequivocal and suggestive, should attract so little attention as predisposing and exciting causes to some of the most formidable lesions known to pathology, is truly inexplicable. That they

should have been almost entirely overlooked in this age of medical progress, when the science is being continually enriched by rare and valuable pathological contributions, and the ingenious application of mind, has marked this period as pre-eminently prolific in the revealment of heretofore occult morbific agencies and obscure morbid phenomena, is not only incomprehensible, but furnishes a problem in the history of medical literature and practice, as curious as it is incapable of a satisfactory solution.

We confess ourself unadvised of a single text-book of recent date, emanating from the medical profession, in which the effects of a diseased denture on the general economy is, by any means, adequately considered; and few indeed, in which the subject is more than incidentally alluded to, either directly or by implication. While the modern school of medical authors have been thus derilect, a silence as ominous and profound prevails in our medical schools, and for aughf that is inculcated in the lecture room; the M. D'd student, rejoicing in parchment, goes hence as profoundly ignorant ot what it concerns him to know in this matter, as a faithful and competent minister in the "healing art," as the most unmitigated Charlaton that feeds and fattens on public credulity.

Since the days of Rush and his co-laborers in this field, therefore, all credit for whatever additional light has been reflected upon this department of pathological inquiry, attaches chiefly and legitimately to a few devoted men in the dental profession, * and to the fidelity and assiduity of these few in collecting and promulgating all that is known of dental maladies and their constitutional sequellæ, the professions and the world are mainly indebted.

We would only add in concluding these general remarks, that if the practical truths already elicited on this subject, meager as they are, and limited as they necessarily have been in their practical application to the necessities of men, demostrate as they manifestly seem to do, the *insufficiency* of pathological views, which prevail in regard to the intimate sympathies existing between diseased teeth and other remote parts of the organism; may we not with some assurance, anticipate a vast fund of results, practical and scientific, not now dreamed of in our philosophy; when these truths shall be better understood, and greatly augmented by more

* Much credit is due Dr. Bond, a physician of Baltimore, and lecturer on Special Pathology and Therapeutics, in the Baltimore College of Dental Surgery, for valuable data and judicious comment on this subject contained in his excellent treatise on "Dental Medicine."

enlarged inquiry and extended observation. This "consumation devoutly to be wished," will be greatly hastened when the medical profession at large, shall conceive it as important to direct their attention to the condition of the teeth and gums, as structures capable of furnishing valuable curative indications, with the same minute care and diligence they would finger the pulse or inspect the tongue; and when medical authors aud teachers in our medical schools, shall impress upon the minds of readers and students the important truth, that teeth are something more than ornamental appendages or excressences,—that they are *living* tissues; inseparable links in the great chain of vital functions, ministering to the harmony of those functions when umimpaired, endangering the integrity and completeness of the whole when broken or corrupted.

Our chief purpose in this communication is, to bring before the readers of the *Lancet*, a few selected cases, in confirmation of what has been stated in relation to the agency of diseased teeth and gums, in the production of constitutional disturbances or particular local maladies. But as our limits will not admit of an extended recapitulation, those only will be presented which seem most likely to arrest attention and awaken an interest in the subject. Such, we trust, will prove acceptable and instructive, to those at least who may not have convenient access to works on Dental Medicine and Surgery. For fuller citations and comments, we would refer the readers to Koeckr's "Princ. Dental Surgery," Bond's "Dental Medicine," Harris' "Princ. and Prac. Dental Surgery," Fitch's "System of Dental Surgery," and other works of a similar kind, that contain much, apart from this subject, of interest to the physician and surgeon, such works should have a place in every medical library.

Among the most frequent and constant effects resulting from disordered teeth is *indigestion* or *dyspepsia*. "The continual demand" says Dr. Bond, "made upon the system by the vain efforts which nature makes to cure the diseases of the teeth, and also by the frequent and severe pain, diminishes the nervous influence which the stomach receives, and im pairs its powers.

"Every one is aware, that when the stomach is full, there takes place in that organ such a concentration of nervous energy, as is sensibly felt by its loss in other parts of the body. Hence, the drowsiness and the indisposition to mental and physical effort experienced after a hearty meal.

"It is also well known, that anything which attracts from the stomach this accumulated nervous power, impairs appetite and digestion."

As it is conceded that gastric derangements, acting with sufficient intensity, may, through sympathetic relations, by simple extension, or by altering and corrupting the fluids of the mouth, exert pernicious influences on the different tissues of the buccal cavity, by producing odontalgia, caries of the teeth, inflammation of their lining periosteal membranes, inflammation and ulceration of the mucus covering of the mouth, &c., we might infer *a priori* that diseased conditions of these tissues may in like manner, compromise the functional integrity of the stomach sufficiently to develop all the evils consequent on digestion.

Add to the causes already quoted, the additional provocation of imperfectly comminuted aliment; the admixture with the gastric solvent of dead and decaying particles of broken-down tooth bone; viscid and unhealthy mucus, vitiated saliva a noxious compound of depraved pus and blood oozing from and distempered gums and trickling continually into the stomach to exert, first, their baneful influence directly upon that important viscus, then to be absorbed and thrown into the general circulation, corrupting the nutrititive actions, and enfeebling the vital forces by a poisonous impairment of the nervous energies of the system, in which the stomach largely sympathises, and we have ample and abundant causes in explanation of the phenomena which usually present themselves in these cases.

Again, when it is remembered that the nervous system, furnishes the conditions either immediate or remote, under which the organic functions are performed, and that the fifth pair of nerves, from which the teeth are supplied, contains many organic filaments, which brings it in relation with the sympathetic system, for says Dr. Carpenter, "it is so intimately connected with the sympathetic, as evidently to supply (in the head) the place of a separate ganglionic system;" when these facts are remembered, we say it is no violent conjecture to suppose that morbific causes, acting persistently upon this great tri-facial nerve, with all its evident functional relations, should find a corresponding expression in derangements of the stomach.

Says the same distinguished physiologist before alluded to; "there is good evidence, that the nervous system, has an immediate action upon the molecular changes which constitute

the functtons of nutrition, secretion &c.; *and the channel of such influence* is probably to be found in that *system of peculiar fibres*, formerly described, which constitutes a considerable proportion of the visceral nerves; existing much more sparingly in most of the cerebro-spinal, *but being abundant in the fifth pair.* The "*peculiar fibres*" alluded to, "are chiefly distinguished by their small size, their diameter not being above half or one-third of that of the ordinary nervous tubercle." These fibres, he tells us, are peculiarly abundant in the trunks of the sympathetic system, and may be traced into the ganglia of the sympathetic, into the ganglia on the posterior roots of the spinal nerves, and even to the ganglionic matter of the brain and spinal cord. Are not these facts significant and suggestive? If Dr. Carpenter's hypothesis in regard to the functions of this system of nerves is correct, and taking for granted, as a fact, the very close anatomical relationship existing between its filaments, and those of the fifth pair, is not the inference obvious, that violent and long-continued irritation and inflammation of this latter nerve, by implicating and deranging the functions of the former system, should exert a marked and pernicious influence on the character of the secretions essential to healthy digestion; as the saliva, gastric juice, bile, pancreatic fluid, &c., by altering their quantity, or vitiating their quality, or both?

Leaving, however, the further discussion of this interesting subject to abler hands, we will now substitute, for conjectural reasons, the plainer matters of practical experience and observation.

Mr. Coecker reports the following case:

*Case 1st.* "Mrs. P., a lady of great respectability, under the medical care of Dr. Jule Rucco, of Leicester Square, had, some years since, suffered from dyspepsia, as well as from various kinds of nervous attacks, of a very annoying and alarming nature. This judicious physician had for a long time suspected the cause, and frequently proposed to consult me. By the wish of the lady, however, the dentist of the family was at last sent for, and three or four teeth and roots were removed, which the attending dentist stated, were all that could be removed. The disease however, was only aggravated by this interference.

About six months after, at the doctor's solicitations, I was sent for. I found the lady laboring under a complete salavation, from an extraordinary sympathy of all the glands in any way connected with the teeth. On the previous night, and,

indeed for many nights preceding, she had been suffering such violent fits of convulsion, as to alarm the whole family. The face was affected with an acute erysipelatous inflammation, accompanied with headache, as also with considerable derangement of the digestive functions; such as sickness, vomiting, loss of appetite, &c. By examining the mouth, I found, that the previous dental treatment had been very partial, and I proposed the removal of every tooth and root which produced irritation. "The lady consented to my proposal, and nine decayed teeth, some of them mere roots, were extracted. The patient was requested to rinse her mouth frequently, with a diluted astringent lotion. By this simple local treatment, and by the further medical care of Dr. Rucco, she was perfectly cured in about a week after the operation."

*Case 2d.* "A literary gentleman, in the neighborhood of London, had been *for some years* under the medical care of Mr. J. Derbyshire, of Greek Srreet, Soho, on account of a constant state of derangement of his digestion.

"Much sedentary occupation, and some excessive grief, had of late greatly augmented the distressing symptoms generally accompanying this cruel disorder. His disease had assumed the character of hypochondriasis. His spirits were so dejected, and the state of his bodily health so low, that he was no longer capable of attending to his ordinary business.

"Having in some conversations with his physician, alluded to the influence of diseased teeth upon the general health, he was induced, at his next visit, to inquire into the state of his patient's teeth; and finding them in a deplorable condition, he proposed a consultation with me on the subject. After a particular examination, I found every tooth in the patients mouth, more or less carious, or dead, and all the gums and sockets in a very diseased state.

"On the 27th of May, 1824, twenty-one teeth and roots were extracted, all of which were more or less in a state of putrefaction—three large grinders only excepted, which were either suffering from complicated caries, or producing morbid irritation upon the other parts from some other causes.

"The mouth was restored to perfect health in the course of about six weeks. During the progress of treatment of the diseases of the mouth, the general health improved very surprisingly; and after the restoration of health to all the remaining teeth, and their relative parts, the patient enjoyed uninterrupted good health, and returned to his ordinary prfessional avocations."

It would be as edifying to know the history of the medical treatment, to which this poor fellow was probably victimised for *some years*, in an abortive attempt to restore him to health, as it is gratifying to know, that *six weeks* only were occupied in the successful attempt, when the root of the matter was once reached.

*Case 3d.* (Dr. C. A. Harris) "In September, 1830, I was consulted by Mr. ———, at that time a resident of N. York. Before I examined his teeth, he informed me, that his general health had been very bad for four or five years past, and that he had applied to some of the most eminent physicians in New York, Troy and Albany, but had not obtained any permanent relief from his sufferings.

"The character of the symptoms that prevailed at this time, was very peculiar. His digestive organs were so much deranged, that he was obliged to observe the strictest regimen, and confine himself to the simplest kind of vegetable food. Besides the dyspeptic affection with which he was troubled, he had severe paroxysms of headache and vomiting, that recurred at regular intervals of from four to five weeks. These were always preceded by numbness, which commenced in his tongue, and extended thence throughout the whole system. This sensation, continued usually for about two hours, when it was succeeded by a violent pain in the head and partial vertigo, from which, in about ten hours, he was relieved by vomiting. The effects of these paroxysms lasted about ten days, and the other symptoms had continued, without much mitigation, for three years.

"On examining his mouth, I found many of his teeth much decayed, and nearly all of them covered with tartar. The roots of some were denuded of the gums, the alveolar processes more or less absorbed, the gums turgescent, fungoid, bleeding on the slightest touch, and of a dark red color, The secretions of the mouth were viscid, and their exhalations exceedingly offensive.

"On examining his mouth, I gave it as my opinion, that the diseased state of his teeth, was the cause of his affliction. Such of his teeth, as could not be perfectly restored, were extracted, and the tartar removed at different sittings. His gums were freely scarified, and a tonic astringent and detergent wash directed to be used three or four times a day. Under this treatment, the local affection of the mouth rapidly disappeared, and in almost four or five weeks, his teeth and gums became perfectly healthy. His general health also began to

improve, and in about two months it was perfectly restored, and has so continued."

The superiority of Dr. Harris' views of the pathology of the above case, over those of the "eminent physicians" alluded to, is sufficiently apparent; while the stmplicity of treatment, and its economy of *time*, were only equalled by its extraordinary success.

*Case 4th.* Some years since, a lady came from a distant part of the country to this city, (Philadelphia) aud placed herself under the care of Dr. Chapman. He found her laboring under every symptom of obstinate dyspepsia, by which her health and strength were greatiy impaired. His correct and well-known acumen in the pathology of disease, immediately led him to inquire into the state of her gums and teeth. He found her gums in a high state of inflammation, and many of her teeth loose and diseased. By his direction, she applied to one of our most respectable dentists, and had her mouth and teeth placed in a healthy condition, and with the return of health in her teeth, gums, &c., every dyspeptic symptom left her, and she became quite well."

*Case 5th.* (Dr. Fitch), "Mrs. S———, aged about 38 years, was sent to me, by one of our most eminent physicians, with a request that I would examine her teeth, and perform such operations upon them as I judged proper, to render them and the gums healthy. The state of this lady's health was miserable, she was harassed by the most distressing symptoms of dyspepsia. Her digestion was very imperfect, the stomach irritated, loss of appetite, and a most melancholy depression of spirits.

"Upon examining her teeth and gums, I found nearly all the former in a state of disease, and the latter were in a state of suppuration, much inflamed and swollen. A considerable deposit of tartar was formed around the necks of the teeth, and some whose fangs were denuded of the gum as a consequence of this deposit, and, in fine, her mouth was in a general state of disease. I need not detail the several operations by which her mouth and teeth were rendered healthy; suffice it to say, that in about four weeks her mouth was perfectly well. The amendment of the general health, after the first operations were performed on her teeth, was also surprising, and would have been entirely so to any person not acquainted with the immense sympathy between the mouth, gums, &c., and the stomach.

"Within five weeks after I saw her, every vestage of di-

sease in her digestive organs, left her, and she was apparently in perfect health."

*Case 6th.* (Dr. Rush) "I was consulted by Mrs. T. R., who had been affected for several weeks with dyspepsia and tooth-ache. Her tooth, though no mark of decay appeared in it, was drawn, by my advise. The next day she was relieved from her distressing stomach complaints; and has continued ever since, to enjoy good health. From the soundness of the external part of the tooth, and the adjoining gums, there was no reason to suspect a discharge of matter from it had produced the disease of the stomach." (doubtless it was due to the irritation, and the consequent deviation of nervous influence to the suffering parts. Dr. Bond.)

Such are a very few of the well authenticated cases on record, attesting the agency of a diseased denture in the production of gastric derangements, and consequent general constitutional ill health; sufficient, we think, in their character and results, to give the subject importance. How many thousands of dyspeptic patients, have been unwittingly (on the part of the physician and dentist) benefited by the same treatment, or how many have gone down to a premature grave, for the want of it, we have no means of determiuing.

"Almost inappreciable" says Dr. Fitch, "are the beginings of many fatal diseases; and could the grave reveal its secrets, I have not a doubt, when I consider the number of diseases produced by diseased teeth, that it would be found that thousands are there, in whom the first fatal impulse was given by a diseased state of these organs; and could I raise my voice, so as to be heard by every medical man in America, I would say to them, attend to your patient's teeth; and if they are diseased, direct such remedies as shall restore them to health; and if in health, such means as will keep them so."

That a variety of pulmonary affections, and many of those located in different sections of the respiratory tract, are primarily induced, by a transfer of irritation from diseased teeth and gums, is not improbable; and that a still larger proportion are induced by the same causes, acting in conjunction with well known predispositions, to this large and formidable class of diseases, which otherwise, under favorable circumstances, might never have been developed during life, would seem scarcely to admit of a question.

Nor is the testimony of experience and observation, wanting to fortify us in the statement, that the same causes exert a mischievous influence in the premature developement of

phthisis pulmonalis. They cannot perhaps, be said to act as exciting causes in the formation of tubercles, except where the latent predisposition to such formation exists; in which case, the constitutional tendency may be early awakened into active and confirmed developement, and the fatal result greatly precipitated by the continuous operation of these causes. The following is a case in illustration.

"Dr. M.———, an eminent physician in the State of Maryland, reports the following extraordinary case."—(Dr. Bond)

"In the summer of 1834, I was called to visit Mr. D. M———, who had come into this neighborhood, to obtain the benefit of the country air, having resided in Baltimore from his earliest youth. When I saw him, he was in the last stage of phthisis pulmonalis. He gave me the following history of his case:

"About eight years previous, he felt a soreness and tumefaction in his gum, at the posterior part of his mouth, and as he had never cut the dentes sapientiæ, he thought the disquietude was occasioned by the progress of one of these teeth, and in consequence, gave it no attention, until the soreness and inflammation had extended themselves over the whole surface of his mouth and fauces. The tooth not having protruded through the gum, he consulted his family physician, who advised immediate extraction.

"In conformity with this advice, he called on an eminent physician of Baltimore; but the tooth not having presented itself, and the cause of his suffering being doubted, the operation was deferred. His sufferings, however, having become intolerable, and the irritation having extended itself to the lungs, producing considerable uneasiness, he determined, if it were at all possible, to have the tooth removed. A few days after, he stated his determination to the dentist. The gum was freely split, and after considerable pain and difficulty, the tooth extracted. The inflammation in his mouth and fauces immediately subsided, his appetite returned, and his general health soon became as good as formerly.

"About three years subsequent to this, his mouth and fauces, under similar circumstances, and from the same cause, became very sore and painful. This inflammation soon reached the lungs, and established a confirmed phthisis pulmonalis. He died a few weeks after my first visit."

Dr. Fitch's remarks upon this subject, are too apposite to be omitted in this connection.

"I think we may safely infer," he remarks, "although diseased teeth do not, in every instance, excite general disease, of the system and of the lungs, yet, like an insidious enemy they are ever ready to unite with, or exasperate other causes; so as finally to undermine the powers of the system. I would earnestly solicit the attention of the medical faculty in general, to a critical inquiry into the state of the teeth, in all cases of pulmonary affections; and there is hardly a doubt, that their inquiry would result in the general conclusion, that a diseased state of the teeth and gums, does very frequently excite pulmonary affections, especially in persons predisopsed to them, and *always aggravates these complaints*, let them be excited by whatever cause they may."

Numerous and well authenticated cases, of tic-douloureux, are on record, in which the immediate cause of that most painful and intractable affection, for the relief of which, patients are so often incontinently drugged and subjected to violent operations, are unmistakably traced to some diseased condition of the teeth. An almost infinite variety, also, of those distressing nervous affections so frequently located about the face, head, neck, and shoulders, and indiscriminately styled *neuralgia*, may often be referred to the same causes. Of such are violent and continued nervous headache, painful affections of the eyes, ear-ache, pain in the temples, hemicrania and an endless variety of *nondescript* sensations, not susceptible of any classification.

In diseases of the *maxillary sinus*, embracing all intermediate morbid conditions, from simple irritation of its lining membrane, to the gravest and most fatal forms of diseased action, known to invade this cavity, (and they are frequent beyond what is generally suspected), the cause is due in perhaps nine cases out of ten, to some diseased condition of those teeth placed in close relation with it. Dr. Harris reports an array of facts, in confirmation of this statement, as interesting as they are conclusive.

Dr. Rush relates a very interesting case of *epilepsy*, which was perfectly cured by the extraction of a few decayed teeth. Also a case of rheumatism in the hip joint, which was associated with tooth-ache, and immediately relieved by extraction of the tooth. He also states, that in one instance, *insanity* was induced by decayed teeth, which were not accompanied with pain.

To the same catagory of causes, we may oftentimes refer hysteria, hypochondriasis, convulsions, vertigo, opthalmia,

"glandular swellings in the neck, enlargement and inflammation of the tonsils, either chronic or acute; ulcerations of the tongue and lips, often assuming a malignant action from continued irritation, &c."*

That disorders of the teeth and gums, may produce derangements of the catamenial functions, would appear from the following case.

Dr. Seibold gives an account of "a young woman, who had been affected for several months with great inflammation, pain, and ulcers in the right upper and lower jaws, at the usual time of the appearance of the catamenia, which were always deficient in quantity. Upon inspecting the seats of these morbid affections, the doctor discovered several of the molars in both jaws to be decayed. He directed them to be drawn, in consequence of which, the woman was relieved of the monthly disease in he mouth, and afterwards had a regular discharge of her catamenia."

Such is but a brief summary of the reliable data, throwing light upon this important subject, yet it is to be hoped, that enough is presented to furnish subject-matter for profitable digestion, and to incite to further inquiry, on the part of those who take a just pride in availing themselves of every source of information, that may lead to increased success in the practice of their high and humane calling.

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*A Case of Compound Comminated Fracture of the Fore-Arm—Recovery.* By D. A. LATHROP, M. D., of Bellows, Ohio.

The following case of severe fracture of the upper and lower extremity, may be of some practical use to those who resort to the amputating knife, in very severe injuries, without first making an effort to save mutilated limbs.

A conductor, in the employ of the M. R. and L. E. R. R. Co., while in the act of braking, was thrown from the top of an eight wheel car, fracturing the patella, and otherwise injuring the right arm; one wheel of the car (supposed to carry a weight of six thousand pounds) passed over the right-forearm, near the middle of lower third, literally crushing the soft and bony parts, leaving the radial artery uninjured; several small spicula of bone were removed at the time. A

* Liston's Surgery.

free use of cold water for several days until suppuration was established, after which, linseed poultice was used, during the supurative stage, which continued several weeks; during the time nearly all the bone for a space of three inches was removed, after which the arm was dressed with dry lint, it is now seven months, the arm is sound (as well as strong) of natural shape, and nearly as long as its mate. The cavity made by the removal of the bony parts, is filled up with what I suppose new bony matter. The fingers are of natural shape, but he has no power of motion whatever; has free use of his arm. Whether he ever will have control over the motion of his fingers, time only will determine; but I infer not.

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*Notes of a few Cases of Hernia.* Treated by T. J. ORR, Cincinnati.

CASE 1st.—A. D., aged forty-seven years, very corpulent, weighing over three hundred pounds, had been ruptured at the umbilicus for about three months; the rupture was through the lower margin of the ring, extending down the linea alba about ten lines, forming with the ring a triangular opening. The tumor when fully protruded, was about eighteen lines in diameter, very tense, but could be readily reduced by pressure with the fiugers.

MAY 14th.—Returned the bowel and applied a pyramidal or nipple-shaped pad, corresponding in its lateral diameters to the irregular form of the herniary opening, and of such a size as to pass in firmly against its edges, being prevented by a rounded shoulder on the body of the pad from sinking deeper than the thickness of the wall of the abdomen.

JUNE 17th.—Removed the instrument, and found the skin very red and tender to the touch, the discoloration around the navel being about the size of a dollar, and supposing the inflamation had terminated in the effusion of lymph, we applied the "cup pad," formed like the preceeding, but excavated in its centre to such a width as to reach a line or two beyond the margin of the opening, and to such a depth as to contain only, and be completely filled by, the skin and the other coverings of the hernia—wider at its mouth than at the bottom, so as not to strangulate the parts included.

JUNE 27th.-On removing the instrument, the navel presented the appearance of a large rivet head—an exact cast of the cup

in the pad, the redness had entirely disappeared from the part contained within the excavation, but a bright areola remained outside of the bourdary marked by the cup. The part was washed with cold alum water, and the instrument re-applied.

July 10th.—Lifted the pad off and examined the protuberance which was of the same color and temperature of the healthy skin, but felt like a solid cartilaginous knob, perfectly aglutinated together down to the ring. There was no impulse imparted to the finger when the patient coughed.

The cupped pad was now laid aside, and one slightly convex applied, which, in ten days, flattened down the projection and completed the cure.

Case 2d.—Mr. J. T., aged forty-five, a merchant of delicate habit and very relaxed fibre, had hernia of both sides for ten years; general health much impaired, symptoms, those of inveterate dyspepsia. The tumor of the right side from the external ring to the testicle, occupied the entire scrotum, putting it considerably on the stretch, internal ring dragged within half an inch of the external, both greatly enlarged and relaxed. The sac was thickened by the frequent occurrence of inflammation in the tumor. On the patient lying down the bowel would pass immediately back into the cavity of the abdomen, and again protrude in coughing, turning in bed, or by almost the slightest movement of the body, keeping up in this way an incessant irritation of the digestive organs.

The tumor of the left side, about the size of an egg, was the common inguinal form, had not passed through the external ring.

May 5th.—Commenced the treatment by reducing the tumors and applying a double instrument with the nipple pads, the elevation on the face of the pad for the right side, was cut to the depth of three to four lines, wide enough, and of such a figure as to cover accurately the hernial aperture, for the left side, the projection was of about the same depth, but longer as the rings were the usual distance apart. These pads so formed, that their lower margins corresponded exactly with Pupart's ligament, the projections from their face resting over the centre of the inguinal passage.

May 20th.—Removed the truss and found under each pad a red spot of the same shape and size of the projection on the pad; directed a cold wash for the part, and the instrument to be reapplied.

June 10th.—Examined the patient, the high part of the pad was entirely buried in the integuments, forming a deep inden-

tation which was very red and tender. The nipple pads were now removed, and the cupped ones took their place, their cavities so formed as to exactly cover the depression caused by the pressure of the former.

JULY 1st.—Found that the inflamed depression in the wall of the abdomen had mounted up into the cups in the pads and so completely packed in as to impart to the touch the sense of much greater density than the surrounding parts. The skin covering the eminence had entirely lost its redness, was in fact paler than elsewhere, having an appearance of the effusion of serum under the cuticle. Ordered the use of an astringent lotion, and the pads to be returned into precisely the same track.

JULY 15th.—Found no appreciable change, the instrument was worn from this time until the fifteenth of August, when the case apppeared to be radically cured but for fear that it might return, an instrument of about half the strength, with flat pads was substituted and worn for thirty days, when the patient was able to dispense with it altogether.

CASE 3d.—MASTER GEORGE, a lad eight years old, had scrotal hernia of the right side, caused by a paroxysm of whooping-cough, the bowel was projected through the inguinal passage with great force, so as to reach a point quite below the posterior margin of the scrotum, where it lodged between the skin and perineal facia near the anus.

This case may be said to be the same as if it had been congenital, for up to the time of the protrusion of the gut, there had been but one testicle ( *i. e.* the left one), the bowel could be stripped back with the fingers through the abdominal rings, leaving behind the sac which was evidently the tunica vaginalis, and the other coverings of the testicle perfectly empty, or at least containing nothing but the mere rudiments of that gland.

The treatment in this case, after the bowel had been reduced, consisted, first in the use of the pyramidal pad for thirty days, followed by the cupped one, which was worn about the same length of time, when the instrument was taken off, since which ( being over five months ) there has been no appearance of the disease up to the present time.

[ We have examined a number of the cases of Hernia that have been treated by Dr. Orr's peculiar method; and we are fully satisfied that his success entitles him to the confidence of the profession. There is no department of Surgery in which there is so much quackery as in the management of Hernia, and in this city it has been allowed to go too much into the

hands of unprincipled charlatans, who have no knowledge of the anatomy of the parts involved, or the proper mechanical means to be used for their relief. We are therefore pleased to see a man of Dr. O.'s integrity and qualifications, making Hernia a speciality.] W.

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*Dysentery, or Bloodg-Flux, as it appeared at Bainbridge, O., and vicinity, during the summer and autumn of* 1852. By S. C. ROBERTS, M. D.

This disease prevailed in an epidemic form, commencing about the fifteenth of June, and continued until the tenth of October. The symptoms of the disease were not materially different from those usually attending dysentery. Its approach was generally announced by the premonitory symptoms ordinarily described by authors as attending that disease; such as general uneasiness, lassitude, with griping pains in the abdomen, often increased on going to stool, costivness or diarhœa, soon followed by the evacuation of small quantities of mucus tinged with blood, accompanied by sévere straining and tenesmus. In a majority of cases, chillness and fever were among the earlier symptoms, together with pain in the head, back, and limbs; tongue coated with a whitish or brown fur, with thirst and want of appetite. Though not unfrequently the appetite appeared very little impaired until after other symptoms, announcing the approach of the disease, were present. In those cases that assumed a chronic form, the tongue presented a smooth and deep red appearance.

As above stated, the dejections were principally mucus tinged with blood, but often resembling a jelly-like mass. Occasionally there was fœcal matter in the dejections; though it did not indicate, so far as we have observed, any amendment in the disease.

In the severer cases, which yielded more stubbornly to treatment, the discharges were (so to speak) of a hemorrhagic character, consisting often of almost pure blood, with membranous shreds, resembling very much the scrapings or washings of meat, and very fetid, the odor being, as it were, almost peculiar to that disease. The skin was dry; urine scanty and high colored; tenderness of the abdomen was also present to a greater or less extent, though generally confined to some particular spot in the track of the colon; which was most commonly found to be in that part of the in

testine, denominated the descending colon; but often as the disease advanced, the entire track became involved, the tenderness extending over the whole abdomen which would frequently cause patients to flinch or show signs of fear at the mere approach of the hand.

These were the general symptoms of the disease as it appeared in the epidemic under consideration.

LOCALITY—Bainbridge is a village of eight hundred inhabitants, situated in the valley of Paint Creek, Ross county, O. The creek runs in a circular direction around it, from S. W. to N. E., forming a semi-circle at a distance of from one to two miles from the village, which is situated on what is denominated the second bottom. The soil is very rich and produces all kinds of vegetation rapidly, the decay of which, together with the depressing influence of some rather marshy districts, and a number of mill-ponds on the main stream and its tributaries, no doubt produces malaria to a greater or less extent; from the fact of intermittents being prevalent during the latter part of summer and the fall months. The country for several miles north of the valley is rather broken or hilly, and immediately south of it is an extensive range of rough, hilly territory, known as the "*Sunfish Hills.*" Thus situated, disease had seldom made its appearance in an epidemic form in this region. The disease, however, during the last season, prevailed in the valley, (village included) and also to some extent in the last mentioned hilly region of country. In the valley it seemingly followed the track of intermittent diseases, and not unfrequently the two diseases were associated in the same family. And on the table-lands and hilly country it appeared exclusively among the inhabitants of newly cultivated farms who were subject also, more or less, to the use of impure water.

*Causes*—Exposure to sudden atmospheric changes, unwholesome food and malaria have been considered common causes of dysentery. Notwithstanding those causes may have all co-operated in its production we consider malaria the principal agent in producing the disease, from the fact of its following the course of, and frequent association with malarious diseases. Another fact may be noted in confirmation of its malarious origin; in the latter part of the season, as dysentery gradually subsided, intermittent fever increased in proportion. The manner in which it acts is rather speculative. It would appear, however, that the malarial poison, acting as it does in intermittent diseases, congests the internal abdomi-

nal organs, which eventually results in inflammation. Its affecting the mucus membrane of the colon and rectum would seem most likely to be, from a preference in consequence of some peculiarity or predisposition for which it would be difficult to account. The number of cases treated varied but little either way from one hundred and thirty. About one fourth of that number were adults. The number of deaths were seven; two were adults, and had a typhoid form of fever that set in a few days after the dysenteric symptoms first appeared. Two of the remaining number were children at the breast, and the others were from seven to nine years of age. The number of males and females attacked by the disease was about the same. No difference was observed as to sex.

*Treatment.*—The different cases required different modifications of treatment. In the outset of the disease we usually gave two or three small portions of calomel and opium at intervals of from three to four hours, followed in a few hours by castor oil, after which the principal reliance was placed on opium; and in all cases, and stages of the disease, it was an indispensible remedy. It was administered in sufficient doses to quiet, in a measure, the irritation and pain, and procure sleep, which was necessarily much interrupted. We used it sufficiently to keep up a constant impression, though avoiding full narcotism; and to do this, the dose had to be varied according to the susceptibility of the patient, and repeated at intervals of from three to five hours. *Astringents*, such as acetate of lead, catechu, tannin, &c., were used, but apparently without much benefit, and sometimes actually seeming to aggravate the disease. Quinine was used with decided advantage in those cases that appeared to be paroxysmal in character. It was given whenever an intermission was obtained, or a well marked remission with no more general excitement than was supposed to exist from the amount of local irritations. It was also found beneficial in those cases requiring tonic and stimulating treatment. Fomentations and emolient cataplasms to the abdomen with the addition of tinct. opii were often considered beneficial or paliative, at least, for a time.

The warm hip bath was sometimes used when the pain and tenesmus were great, though we cannot say with any marked degree of relief. Blisters over the abdomen were used in the latter stages of the disease with decided benefit. In a few cases that were chronic in type, the nitrate of silver was thought to be useful. *Enemas* of a small portion of starch

and tinct. opii was occasionally used where severe tenesmus was present; though if not retained was not repeated, as they tended to aggravate the symptoms. Irritation of the bladder, with a partial inability to void urine, was present in several cases. We ascribed it to the use of opium; though it may have resulted in part from the extension of the disease from the rectum. In no case was general blood-letting deemed admissible; the symptoms throughout being of a typhoid, rather than inflammatory character. Local blood-letting was resorted to in a few instances, but with little or no benefit.

It may, perhaps, be proper to state that during the present season—thus far, August 27th—our village and surrounding country have been almost exempt from disease, with exception of a few sporadic cases of dysentery, and an occasional intermittent.

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# Correspondence.

EDINBURGH, *Angust* 10, 1853

I saw nothing very remarkable in Glasgow, although there is a very large hospital there, and an eye infirmary, except a new kind of grooved staff for operating for lithotomy; it is a perfectly rectangular instrument, with a groove in the lower part only. The instrument being introduced, the angle is made prominent in the perineum, and a sharp-pointed bistoury is thrust into the bladder, without any perineal section. Dr. Buchanan is the inventor. He extols it to the skies. It appears to me, it would be difficult to introduce the staff; the size is suited to the patient. It has been used in Glasgow, repeatedly with success. It strikes me, that if it can be *introduced*, any one could operate with it.

Mr. Coulson did not deign to notice it last winter, in his lengthy review of lithotomy, and lithotrity, in the *Lancet*; I asked Mr. Syme's opinion of it, and the only reply he made was, to ask me if Dr. Buchanan had told me, how often he had divided the artery of the bulb, in using it.

I have seen Mr. Syme operate for impervious stricture; to him, the operation is very simple; there is no doubt about his success in the operation, in certain undilatable strictures of long standing. The case I saw him cut, was of 20 years duration, had been often dilated, but recured. I think his *instruments* and the operation itself, though simple and safe,

require to be seen, to be fully comprehended.

Thus far, the faculty in Scotland, unite in saying, that McKenzie's book on the eye, is the best authority in Europe. He is very eminent in his profession—especially in the treatment of the eye—in Glasgow.

Dr. Simpson has published a pamphlet, in exposition of homœopathy, said to be both highly amusing and interesting. I will send one if I can, (I find it is a bound book not suitable for the mail). I have met no one who, according to my judgment, is so familiar with the diseases of females, as Dr. Simpson. He is undoubtedly, the most eminent man in his line, in Great Britain. Whoever comes to this country to *learn*, should spend some time with him; he has invented many extraordinary means in aid of the treatment of obstinate affections, which I shall not attempt to describe; but they have yet to bear the test of time, and that is very trying upon all things. He is as warm an advocate for chloroform in labor, as he has always been; he uses on an average four fluid ounces in each case; he thinks much depends on its purity. His practice is worth about six thousand pounds sterling, per annum; he has been in practice only fifteen years.

There is but one hospital in Edinburgh, at which Mr. Syme is the great man, and, as I think deservedly so; though Mr. Miller is in good standing, and is professor of surgery in the University, has published a good book, &c.

Homœopathy is decidedly declining, and will inevitably soon cease to attract any attention.

Dr. Henderson, who is *per force*. according to the laws of Great Britain, professor in the University—being elected for life—has replied to Dr. Simpson's exposition of the absurd system, and admits the absurdity of their *great* fundamental principle, *infinitessimals*; but contends that all medicine act *homœopathically*.

It is believed that he prescribes, or *gives* medicines in the same manner as formerly; but continues to advocate "the system," for revenge upon the regular profession, who called him to answer, publically, for consulting with homœopathists, and admitting some of their absurdities. Let it not be said, however, that Henderson is the true representation of homœopathy; on the contrary, *they* denounce him as a heretic and impostor; *they* have *not* proclaimed any alteration in their fundamental principles—a perfect understanding of which—*translated into English*, is all that is necessary, to bring upon the ridiculous thing, the contempt that it merits;

and I venture the prediction, that within five years, there will not be a respectable man, doing a respectable practice, under the name of homœopathy, in Cincinnati or Madison. Mark my words, *an utter falehood* cannot bear the *test of time*; and homœopathy would never have obtained any respectable notice, had its advocates been sincere, honest men. But not one in a thousand of its practitioners, believes it to be true. They practice it for gain; if they were perfectly ingenuous, they would all denounce it, and it would *at once*, cease to exist throughout the world. In this country, not one of them gets the credit of being *sincere*, in their belief of its *falsehoods*, called "fundamental principles."

LONDON, *August* 23, 1853.

I have spent some hours, each day, in all the important hospitals in this vast city, and of course, have seen and learned far more than I can communicate. I have seen Mr. Coulson perform Mr. Syme's perineal section for stricture; he did it well, but not so *perfectly* well as Mr. Syme. I have witnessed the removal of tumors, and a great many minor operations, not worth recording; such as extracting cataracts, depressing the lens, and the operation for strabismus. To-day, at St. Bartholomews', I witnessed the removal of a hydrocele, from the round ligament of a female—rather a rare occurrence; the diagnosis had been made out by puncturing the tumour, and by its subsequently filling up. It is remarkable, that nearly all those, who come to London to improve themselves in their profession, pay more attention to the *operations* than to strictly medical cases; whil'st it is probable, that in their practice at home, they have fifty medical cases for one that is purely surgical.

How are we to account for this? I answer in several ways. The truth is, it requires less intellect, and less *exertion* of of that intellect, to make a first rate surgeon, than a first rate physician; in other words, it is *easier* to learn surgery than the practice of medicine, because it is more mechanical; the eye can assist us more in learning the former than the latter; and there is an excitement about it, which impresses it more deeply upon the mind, than anything, that usually occurs in medical cases. But, I believe the best surgeons, are those, who have first learned to be really skilfull physicians. I esteem skill in medical cases; a *sine qua non*, to success in the practice of surgery. If I am mistaken in my logic, it is not, because I am prejudiced, for I try equally to learn

medicine and surgery, and have never been able to separate them so completely, as they seem to do here. Here, the surgeon twits the physician, on account of the unceriainty of the diagnosis, treatment and prognosis; and *vice versa.* I think surgery quite as uncertain, all things considered, as medicine; if there are some apparent exceptions, they are only apparent when rightly considered.

*August* 26.

To-day at St. Georges, I have seen a huge stone extracted from a child, by Mr. Johnson; he used a scalpel and bistoury to open the urethra then the *bistoury cache* to enlarge the opening; chloroform was used.

In the same hospital, M——, applied sutures to an extensive vesico-vaginal fissure or fistula, which I uuderstood to be the result of stuffing of the parts. It was extremely difficult to accomplish, and occupied from one to two hours; chloroform was used. They all use some kind of apparatus for administering the chloroform, except Dr. Simpsom, who repudiates every thing of the kind, and puts it upon a handkerchief.

There is, undoubtedly, some cholera in London, but at present it does not seem likely to prevail; they can tell you nothing valuable about the management of it. C.

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# Reviews and Notices.

*The Practice of Surgery.* By James Miller, F. R. S. E., F. R. C. S. E., Surgeon in Ordinary to the Queen for Scotland; Surgeon in Ordinary to His Royal Highness Prince Albert for Scotland; Professor of Surgery in the University of Edinburgh; Consulting Surgeon to the Royal Infirmary; etc., etc., etc., Third American, from the Second Edinburgh Edition. Edited, with Additions, By F. W. Sargent, M. D., one of the Surgeons to Wills Hospital. Illustrated by Three Hundred and Nineteen Engravings on Wood. *Quæ Prosunt Omnibus.* Philadelphia: Blanchard & Lea, 1853.

The Surgical works of Dr. Miller have been long enough before the profession to be generally and favorably known.

The present edition of his practice has been Americanized by Dr. Sargent, and rendered much more practically useful

than the original work, by the introduction of numerous wood cuts, to illustrate the various operations, and the surgical anatomy of the different regions of the body.

The work contains over seven hundred pages, 8vo. and three hundred and nineteen engravings, making, altogether, a very complete system of practical Surgery, of that class to which belong the works of Liston, Ferguson, Druitt, &c. For sale by Derby & Co., Main street.

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*A Practical Treatise on the Diseases of Children.* By D. Francis Condee, M. D., Secretary of the College of Physicians; Member of the American Medical Association; Member of the American Philosophical Society, etc. Fourth Edition. Revised and Augmented. Philadelphia: Blanchard & Lea, 1853.

It will be sufficient for us to announce to the Profession, that this fourth edition of Dr. Condee's work is now ready for sale, as its merits have been clearly established by the very extensive circulation of the former editions. There are many valuable additions made to this issue that must enhance its claims to the notice and study of both the practitioner and student of medicine. For sale by Derby & Co., Main street, Cincinnati.

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*Practical Observations on Aural Surgery and the Nature and Treatment of Diseases of the Ear. With Illustrations.* By William R. Wilde, Fellow of the Royal College of Surgeons in Ireland; Surgeon to St. Mark's Ophthalmic Hospital; Honorary Member of the Royal Medical Society of Stockholm, etc., etc. *Quæ Prosunt Omnibus.* Philadelphia: Blanchard & Lea, 1853.

We are pleased to find a work on Aural Surgery, so complete and comprehensive, as the one presented to the profession by Dr. Wilde. There are but few Surgical subjects that we do not find thoroughly discussed by most of the Surgical writers; but, on the diseases of the ear, comparatively little has been written; perhaps for the reason that little was known, of practical value, on the subject. The difficulty of making a correct diagnosis of diseases of the internal ear,

and the unsatisfactory results of their treatment, has discouraged most surgeons early in their pursuit, and turned them away into more promising fields for investigation. But fortunately for the profession, and for the deaf, Dr. Wilde has made the diseases of the ear his study for the past ten years, and now presents us this work, which embraces the valuable results of his experience. For sale by Derby & Co., Main street, Cin.

# Progress of Medicine.

## ENGLAND.

*A new method of performing Lithotomy;* By Mr. Lloyd, of St. Bartholomew's Hospital.—Our readers will no doubt remember, that we alluded, some weeks ago, to two cases in which Mr Lloyd had performed lithotomy after a novel manner, and promised, when they should be complete, to report their entire details. Since that time, a third patient on whom Mr. Lloyd operated more recently, in a similar manner, has left the hospital quite well; and, as the first two, although not yet cured as regards the perfect closure of the wound, have been for some time convalescent, we now proceed to redeem our pledge. But before doing so, however, it may be convenient if we introduce a short statement of the reasons which led to the adoption of this new operation, as we have gathered them from Mr. Lloyd's clinical observations on the subject. From considerations of the fact, that death, after the usual lateral method, is commonly caused by one or more of three causes, viz., hæmorrhage, peritonitis, or unhealthy inflammation of of the cellular tissue around the neck of the bladder and lower part of the rectum, Mr. Lloyd was led to believe, that by a modification of the methods known as lithectasy, and the recto-vesical operation, the risks involved under these several heads might be, to a very great extent, avoided. The modification which he proposed was, to perform the first half of the operation as if for recto-vesical lithotomy, and the second after the manner done in lithectasy, or that by dilatation of the urethra. He determined to make an incision from the median line of the perinæum into the rectum, dividing the posterior three-fourths of an inch of the former structure, and about the same length

of the lowest part of the front wall of the rectum, thus including the anterior commissure of the sphincter ani and the fascia and cellular tissue contained in the recto-perineal angle. The next step was to consist in dissecting upwards from the wound just made, still keeping in the median line, to the membranous uretha; and having entered the groove in the staff, and slit up the whole length of that part of the canal, the prostatic portion was to be dilated sufficiently to permit of the extraction of the stone, *without any incision into either prostate or bladder*. By keeping strictly to the median line, there could be no risk of wounding any important artery of either natural or irregular distribution, since none but the inosculating capillaries and small twigs from the opposite halves of the body are there found. Should any of the hæmorrhoidal branches, which perhaps form an exception to this remark, be wounded, their ligature, in an open and comparitively superficial wound, like the one described, would be a matter of perfect ease. If an objection were made, that there was risk of wounding the bulb, the remark might be repeated by way of answer, since it has been proved, that it is not from injury to the bulb itself, but to the artery of the bulb, that dangerous bleeding is to be apprehended. Respecting inflammation of the cellular tissue between the bladder and rectum, Mr. Lloyd believed, that by making a directly depending wound, freely dividing the sphincter ani, and the angle formed by the rectum and perinæum, the possibility of the occurrence of its cause, viz., infiltration of urine, would be almost entirely removed; in fact, as a preventive measure, the exact proceeding would have been adopted which Sir Benjamin Brodie has recommended with some confidence, and practised with success, for the relief of this condition after its occurrence. That the new operation would be attended with but little risk of exciting peritonitis, Mr. Lloyd thought was evident from the consideration of the circumstances, that urinary infiltration would be prevented, that the wound would be made entirely from below, and at a considerable distance from the vesical layers of that membrane, and that neither the bladder nor the prostate would be injured. Having thus satisfied himself of the theoretic advantages which would attend his plan, Mr. Lloyd next proceeded by experiments on the dead subject to demonstrate its practicability. In one case in which it was tried (an adult), the necessary incisions having been made, the prostatic urethra was found to dilate so readily, that it was remarked, that a turkey's egg might have been extracted, yet, on dissection

afterwards, it was proved, that the gland had not been cut. By this result the most apparent objection to the plan, namely, that the structure of the prostate was of too unyielding a nature to permit of the extraction of a stone, was got rid of, at least as far as calculi of ordinary size are concerned. To the suggestion that wounds connecting the bladder and rectum were not prone to heal, but often left fistulæ, Mr. Lloyd replied, that in the proposed operation there would be only a connexion between the membranous urethra and the rectum; that it was notorious, that wounds of the rectum, attended even with complete division of its sphincter, usually closed favorably, as also openings from the perinæum to the membranous urethra (as in the perineal section of strictures), and stated that he could see no reason why a combination of these two conditions should not heal just as well as either of them singly. In addition, also, to the preceding advantages, it was thought, that the bladder would be much more easily reached in the median line, and the stone extracted with greater facility through a direct than a lateral incision. Having premised thus much explanatory of the views of the operator, we will now pass to the cases themselves, in the course of which the details of the operation will again come under notice; extracting many of the particulars of their after progress from the daily notes taken by Mr. Jowers, one of Mr. Lloyd's dressers.

*Case* 1.—Frederick Coley, aged 6, was admitted, April 14, on account of an abcess on the outer side of the left elbow, but complaining also of frequent and painful micturition. He was a pale, cachectic-looking boy, of light complexion, and had, since an attack of scarlet fever eighteen months ago, been especially delicate. It appeared that he had complained of increasingly severe symptoms of urinary irritation for about a year, and that the abcess over the elbow had commenced about three months ago, without apparent cause. The skin being tense and thin, Mr. Lloyd at once made an opening into it, and evacuated about two ounces of flaky scrofulous mattert a poultice was afterwards applied, and in about ten days th, wound was healed. On April 21, the boy had a severe epileptic fit, which lasted several hours; it appeared, on inquiry; that he had experienced a similar one for the first time aboue five weeks before his admission. On the 23d, Mr. Lloyd examined the bladder by sounding, and detected the presence of a stone. The urine was ammoniacal, and deposited a thick mucous sediment; examined by the microscope, it was found to contain pus, blood, and crystals of triple phosphate. A

mixture in which the nitro-muriatic acid was the principal ingredient was prescribed, and under its use the condition of the secretion much improved; after a little more than a month's treatment the boy seemed to have gained health sufficiently to permit of the performance of the operation.

*Operation*, May 31.—Chloroform having been administered, the boy was tied in the ordinary lithotomy position, a curved staff, with a rather deeper and wider groove than usual, was introduced into the bladder, and the stone was again distinctly felt. The staff being taken charge of by Mr. Paget, and held in the usual position, Mr. Lloyd next introduced into the rectum a metallic *speculum ani*, which, as it differed somewhat from those in general use, we here describe. Its peculiarity consists of its having a constricted neck, by which its retention within the contracted sphincter is rendered easy. This instrument having been introduced with its aperture turned upwards to the front commissure of the gut, its handle was given in charge to an assistant, and Mr. Lloyd next proceeded to the incisions. The angle formed by the junction of the perinæum and rectum was transfixed and divided with a narrow-bladed scalpel, the knife being pushed with its edge directed downwards into the median line of the perinæum, about half-an-inch from the verge of the anus, allowed to enter the front wall of the rectum, at about three-quarters of an inch up the gut, and then, by a single sweep, made to cut its way out downwards into the cavity of the speculum. The next step consisted in dissecting upwards and inwards to the membranous urethra, the operator keeping his left fore-finger in the wound, and feeling for the staff. Having found the groove in the latter, the finger was placed, in order to serve as a guide to the knife, on the anterior border of the prostate, at which point the knife was made to enter the groove, and by cutting *forwards*, division of the whole length of the membranous urethra was accomplished. A pair of small straight polypus forceps were next passed along the groove in the staff, into the neck of the bladder, and the dilatation of the prostatic urethra was accomplished by gently opening their blades, and then closing and re-opening them several times. During this process, which occupied perhaps nearly a minute, several gushes of urine escaped. The dilatation having been effected to such an extent that the fore-finger could be very readily passed, Mr. Lloyd withdrew the staff, leaving his finger as a guide, on which a pair of slightly curved extracting forceps were immediately introduced. The stone was at once found,

but, apparently, from its occupying the upper and front part of the bladder, it several times eluded the grasp of the forceps, but when once firmly seized, it was extracted with great ease. In order to prevent the roughness of the stone from injuring the important structures in the floor of the prostatic urethra, Mr. Lloyd endeavored, as much as possible, to hold the blades of the forceps with their convexities directed upwards and downwards, while passing through that part. The calculus proved to be about the size of a damson plum, being quite smooth on one side, in which its nucleus, probably lithates, was displaced, but very rough on the other, from irregular phosphatic incrustations. Having examined the bladder with his finger, and ascertained that no other concretions were present, Mr. Lloyd introduced through the wound, into the bladder, short gum elastic canula, and attached it by means of a suture to one edge of the incision. The quantity of blood lost had been unusually small, and the operation had occupied but a short space of time.

June 1.—The boy has slept well, and states that he feels quite comfortable. Appetite good, no thirst; abdomen full, soft, and free from tenderness; tongue covered with a thin white fur; skin warm; pulse quick, and of moderate volume, compressible. Urine passes freely from the canula; it is of clear color, and free from blood.

2d.—Has again passed a good night, takes his nourishment freely, and, excepting slight soreness around the wound, is quite free from pain. There is no tenderness whatever on pressure over the abdomen. Tongue less furred, moist; pulse not so frequent as yesterday. He is taking milk diet, with arrow-root. The canula is to be removed.

3d.—The tongue is now quite clean, and he is in every respect still further improved. Sleeps and eats well; aspect cheerful; bowels open once daily.

5th.—Progressing favorably; the abdomen bears firm pressure in every part, without any pain being produced.

Subsequent to this date, as indeed before, the history is one of uninterrupted recovery, the only annoyance complained of being the smarting produced by the urine on passing through the wound. On the 10th instant it began to pass per urethram in small quantity. On the 12th, having been complaining previously of head-ache, the patient suddenly went off into an epileptic paroxysm, which lasted two hours. Until the 29th the urine continued to pass chiefly by the wound, but after that date, although it occasionally came by the wound, yet a much

larger portion flowed by the natural passage. Mr. Lloyd on one occasion, applied oil of turpentine to the edges of the wound, which had, however, throughout looked well. On July 3, Mr. Lloyd introduced, without difficulty, a No. 7 catheter; the commissure of the sphincter ani appeared perfectly united, and the boy was able to hold his motions any length of time.

July 30.—There is still in the perinæum, near to the margin of the anus, the orifice of a small fistulous canal, communicating with the urethra. The boy always passes his urine voluntarily, and almost entirely by the natural passage; occasionally, however, during the act, a few drops force themselves through the unhealed wound. Excepting having had several convulsive fits during the last week, he has appeared to be in good health.—*Medical Times and Gazette.*

*Chloroform in Delirium Tremens.* By Dr. Pratt.—Dr. Pratt has administered chloroform internally, with success, in two cases of delirium tremens. The first patient took four grammes in water, repeated every twenty-four hours; the second patient took a tea-spoonful of chloroform in water, followed, in an hour, by eight grammes of spirit. æther. sulph. co., tinct. valerianæ, and four grammes of chloroform. A quarter of an hour afterwards the patient fell asleep, and awoke in three hours and a-half with his reason. Small doses of chloroform were subsequently administered from time to time.—*Ibid.*

*Ether Impregnated with Quinine in the Treatment of Intermittent Fever.* By M. A. Pignacca.—A limpid fluid, of peculiar and not pleasant odor, is obtained by the distillation of quinate of lime, alcohol, and sulphuric acid; its exact chemical nature has not been yet ascertained. M. Manetti, a young student in medicine, deserves the honor of first suggesting the administration of quinine, in this form, by inhalations. He was struck with the death of a patient, who sank under a severe attack of fever, from the impossibility of giving him, in a short time, the medicine in sufficient quantity; and he set about discovering some preparation by which it could be absorbed through the air passages. A scruple, poured on a handkerchief, must be held alternately to the nostrils; first ensues lachrymation; then a little heat of throat and coughing; sometimes singing in the ears. M. Pignacca has known severe cephalalgia disappear, in some patients, during the

inhalation. It is recommended in tertian fevers; in neuralgia, especially of the branches of the fifth pair; in marsh fevers, six of which cases are often accompanied by urticaria and symptoms of gastro-enteritis, etc. In some cases the fever was permanently arrested by four inhalations in the intervals of the attacks.—*Gazetta Medica Lombarda.*

*Cases of Epiphora.* By Benjamin Bell, F. R. C. S. E. —When any practical improvements are suggested in surgery or medicine, it becomes the duty of all who have opportunities of testing their merits to make the result known to the profession. Mr. Bowman's new method of treatment in certain cases of epiphora seems to belong to this category; and having found it successful in several instances, I may be allowed briefly to refer to them. Before doing so, however, a few words of explanation are necessary.

The term epiphora is often used in a wider sense, but we shall restrict it, at present, to a watery state of the eye, caused by some obstruction or incompetency in the puncta or canaliculi. This affection is always very annoying to the patient; and I believe there are few complaints of a trivial kind, which the surgeon undertakes the management of, with less confidence and satisfaction. He meets, no doubt, with individual cases where something may be done, by subduing chronic inflammation, or dilating a contracted punctum, or improving the general health; yet, every practical man knows that there are others which not only resist ordinary measures, but present no very obvious indications for treatment of any kind. But Mr. Bowman has pointed out a cause of disappointment which has hitherto escaped notice, and the discrimination of which will probably enable us to diminish very considerably the number of cases in which relief cannot be afforded. The epiphora depends, in these instances, not upon any obstruction, but upon the position of the inferior punctum. There may be little or no eversion of the margin of the lid, but "the natural prominence on which the punctum is placed is wanting, and, instead of it, there is a flattened or rounded cutaneous surface, on which the orifice may be discerned [though with difficulty] at a little distance from the mucous surface of the lid, and much reduced in size, being, in fact never wetted by the tears, but dry and contracted." The more frequent causes of this displacement of the punctum seem to be either a chronic inflammation of the neighboring conjunctiva causing thickening and slight eversion, or some cutaneous affec-

tion of the lower lid. For a fuller illustration of the subject we refer to Mr. Bowman's interesting paper in the thirty-fourth volume of the Medico-Chirurgical Transactions. The treatment consists in slitting up the canal from the punctum to such an extent as to carry back the orifice to that part of the conjunctival surface where the tears are collected. It is necessary, for a few days, to open up the wound by means of a probe, and thus convert the canal into a groove.

The first case in which I had recourse to this proceeding was a lad of 16, who had met with a serious laceration of the eyelids some years previously. The healing process had caused a slight displacement of the punctum, without eversion of the lid itself; and the consequence was, that the tears were constantly collecting and standing in the eye, and so producing not only much discomfort, but considerable disturbance of vision. I performed the operation already described, with the effect of completely remedying the evil. The next case was a young female of 17, in whom the symptoms were similar, although the displacement of the punctum seemed to have originated in the more common cause of chronic inflammation of the conjunctiva. The same treatment was equally successful.

I may remark in passing, that in performing the little operation, it is of importance to employ a probe large enough to distend and steady the canal. I have since had recourse to a similar procedure under circumstances somewhat different. A lady of middle age had an obstinate vascular induration, involving the punctum and causing a displacement of it, so slight as to be scarcely visible, but sufficient to cause troublesome epiphora when she was exposed to the open air or a strong light. Seeing no speedier mode of removing the inconvenience, I passed a probe along the canaliculus, and then, introducing the point of a fine iris knife, divided the entire swelling. The epiphora ceased, the induration quickly disappeared, and the punctum resumed its functions.—*Edinburgh Jour. of Med. Science.*

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## UNITED STATES.

*A Singular Case of Immunity, from the usual Poisonous Effect of Arsenous Acid.*—The occurrence, which is here briefly described, took place about thirty months since, in

this city, and in the lapse of that time, no circumstances have been observed, which could fix suspicions of intent or motives for the act, on any person.

At a boarding house, with numerous inmates, in C—— street, the family, cook, and servants, partook of a substantial breakfast, of cooked meats, vegetables and coffee, on Sunday morning, and some hours after separated, and attended service at different places of worship in the vicinity. Before the conclusion of the service, nearly every boarder was ill, with a disposition to reject the contents of their stomach, which in most cases could not be repressed. The master of the house and his wife returned home, and having before resorted to the use of cold infusion of coffee, in slight disturbances, a portion of that remaing after the morning meal, was freely drunk by both, without the expected curative effect being produced. As the inmates returned, sick and alarmed, the neighbors were called in, and inquiries made, which established the fact, that the children, who had not partaken of the coffee, were in their usual good health. This, with other circumstances, pointed to the coffee as the cause of the sickness. Some of the friends tasted and drank a portion of the infusion, and becoming sick soon after, with the same symptoms, the evidence thus obtained, was deemed satisfactory.

The next morning, I received the coffee pot, with the remaining contents, for chemical analysis. It was sufficiently large, to contain two gallons of fluid, and there remained some ten ounces of fluid, besides the grounds and partially extracted residue of the coffee. The fluid contained arsenous acid, apparently in as large proportion, as exists in a saturated cold aqeous solution of this substance. Mixed with the residue, and subsequently separated from it, were four hundred and ninety grains of powdered arsenous acid! As the coffee decoction had been prepared by boiling, and was drunk warm, it is safe to assume, that each of the twenty-four persons who were rendered sick, had taken about one pint of a saturated solution of this poison.

The master and his wife suffered more severely, than the other members of the family, as they had repeatedly partaken of the poison. In the other cases, recovery took place the following day, the mechanics pursuing their labors as usual.

I have thought an account of this case, worthy of preservation, as it offers an illustration of the poisonous effects of *or*,

*ganic compounds of arsenous acid*, formed before that acid entered the stomach. Chemists well know, that arsenous acid cannot be boiled with roasted coffee, aud the decoction mixed with sugar and milk, without the acid forming a more or less definite compound, with organic principles present. The slightly poisonous effects of such compounds, is here contrasted with the known active and energetic power of a solution of arsenous acid in water. The latter can destroy the structure of the organs with which it comes in contact, and form poisonous compounds with their principles, and such compounds may continue to act, when the parts of the stomach have been deprived of all power of resistance.

A. A. Hays, M. D.,

Boston, *Aug.* 3, 1853. *State Assayer*, 16 *Boylston St.*

*A Case of Ovariotomy.* By J. Taylor Bradford, M. D., of Augusta, Kentucky.—The subject of this operation was Miss Nancy Harrison, an unmarried young lady, twenty-one years of age. At the time the tumor appeared, she was but little over nine years old. It was felt in the left groin, and then appeared to be about the size of a goose's egg. About three years after the tumor was perceived, the menstrual flux occurred, and continued to return at pretty regular intervals. The progress of the tumor was watched by Dr. Basil C. Duke, of Mayslick, the intelligent physician of the family, who says; "when I became satisfied that it was a case of ovarian tumor, I insisted upon Miss H's visiting some of the most distinguished surgeons, and I visited Lexinton in company with her. She was advised by all of those to whom she applied, not to submit to the operation, as they looked upon it as hopeless."

When I was sent for to visit her, she had just returned from Lexington. On examination, I found the walls of the abdomen so much distended by the enormous tumor, that very little, if any, movement of the foreign body could be effected. Upon the anterior superior part of the tumor above the umbilicus, could be felt a hard substance, evidently imbedded in the sac. It seemed to be about the size of the hand, and suggested the idea of bone. I thought in particular positions, and by certain manipulations, it was slightly moveable, gliding under the parietes of the abdomen.

Assisted by Dr. Dunlap, of Ripley, Ohio, and in presence of Dr. Duke, who aided us by judicious suggestions, on the 14th of last June, I proceeded to remove the tumor.

The patient was subjected to the influence of chloroform—not sufficiently to induce profound sleep, but to annul pain. The pulse did not vary ten in the minute, from the commencement of the operation, till six hours after it was completed. An incision of fifteen or eighteen inches was required for the extraction of the tumor. At first it was carried to the extent of about four inches down to the tumor, and then extended downwards to the pelvis, and upwards, two inches above the umbilicus, making some twelve or fourteen inches. Finding that a strong adhesion to the omentum, existed at the upper part of the tumor, I was obliged to carry the incision three or four inches higher. The bands connecting the tumor to the omentum, proved to be large and very firm, and were inserted by several points, into the bony substance which had been recognised before the operation. It required considerable force to break up the adhesion, which was done by the fingers and the handle of the scalpel. This procedure gave rise to very little hemorrhage. The sac was now punctured, and after drawing off about three gallons of fluid, we attempted to raise the tumor out of the abdomen, but finding it to be too heavy to handle, we determined to draw off what fluid still remained in it. This being done, we were able to reach the base of the tumor, at which there were no serious adhesions. Lifting the tumor from the cavity, the pedicle was transfixed with a needle, armed with four strands of saddler's silk; the ligature was then divided at the eye of the needle, each segment of the pedicle was tied securely, and the tumor extirpated about two inches above the ligature.

The appearance presented by the contents of the abdomen, on the removal of the tumor, was striking and exceedingly interesting. The liver, the stomach, the spleen, and the intestines, were all in full view under the eye, and in a perfectly healthy condition. It is the first time that I had witnessed such a spectacle in the living human body. The viscera were not disturbed further than was requisite for sponging out the blood and little liquid which had insinuated themselves among them.

On examination of the tumor, the hard substance spoken of, as felt through the walls of the abdomen, proved to be bone. It was contained within the sac in front, and extended throughout its entire length. It consisted of scales of bone, varying in size from that of the thumb nail, down to that of a pin's head. The surface of the sac, on the inner and front

part, was rugose and uneven, whilst the part lying next to the back was smooth, without any appearance of osseous degeneration. At the bottom of the tumor, lying in the pelvis, there were several small fleshy tumors of various sizes, from that of a cocoa nut to that of a hen's egg. On cutting into these tumors a little fluid escaped, and within each one, there were found to be a series of still smaller sacs of various shapes. The most diminutive of these groups of cells, were so small, as scarcely to be visible to the unassisted eye. The principal sac, bony substance, fleshy part of the tumor, and liquid, all, weighed forty-one pounds and eight ounces.

The patient had a quick recovery, without a single unpleasant symptom. The operation required twenty-four minutes. In six weeks from the time it was performed, the young lady, who had been twelve years burdened with the tumor, was riding about, returning calls.—*Western Journal of Medicine and Surgery.*

*On the Life and Character of the late* NATHANIEL CHAPMAN, M. D. *Read by appointment before the St. Louis Medical Society, July 16th,* 1853. *By* JOHN BARNES, M. D., *President of the Society.*—The committee appointed to prepare an appropriate testimonial to the memory of the late Nathaniel Chapman, M. D., Emeritus Professor of the Theory and Practice of Medicine in the University of Pennsylvania, respectfully report:

That your committee, in common with the members of the medical profession of the United States, have heard, with feelings of profound sensibility, of the death of this eminent member of the fraternity. In the performance of the mournful, but grateful duty, which has been assigned to them, your committee feel deeply sensible, that nothing, which they can say, can add to the eminent reputation which adorns the character of this distinguished American citizen, whose long life was but a bright and living commentary on professional worth and civic virtue. For the period of half a century his eminent talents and persevering exertions rendered him pre-eminently conspicuous as a *belles lettres* scholar, a public teacher, a scientific writer, and a popular and successful practioner of medicine.

Nathaniel Chapman was a native of the State of Virginia. Having prosecuted, for some time, his medical education as an office student under the professional direction of the late eminent physician, Doctor Dick of the same State, he visited

about the commencement of the present century, the city of Philadelphia, where he completed his professional scholarship, and graduated as Doctor of Medicine in the University of Pennsylvania, in the spring of 1801.

Soon after graduation, Doctor Chapman visited Europe, and, as the medical school of Edinburgh, at that time, was unrivaled in European reputation, the greater portion of his time, during his absence from the United States, was devoted to an attendance on the medical lectures of the eminent professors of that institution.

It is said, that, during this period, Doctor Chapman took a very active and conspicuous part in the proceedings of the medical society of Edinburgh, and, for his eloquence and acquirements, was rewarded with the honor of high official station. During his residence at this distinguished metropolis of science and literature, he formed the acquaintance of Mr. Jefferies, the Rev. Sidney Smith, Mr. Brougham, and other eminent literati, whose genius and talents, at that time, shed a bright literary halo over this eminent seat of learning. It was at this eventful period, that that distinguished critical journal, the Edinburgh Review, commenced its unrivaled career of fame and power, which it still pursues with its pristine vigor and influence; and it is said upon good authority, that some of its earliest papers were from the pen of the then youthful Chapman.

After an absence of some two or three years in Europe, Doctor Chapman returned to the United States, and commenced the practice of medicine in the city of Philadelphia. In this city—then, as now, distinguished for its eminence in every department of science and literature—the talents, the extensive acquirements, the already acquired European reputation, the social ease, the sprightly wit, and gentlemanly address and deportment of Dr. Chapman, were duly appreciated, and secured for him the friendship and patronage of some of its most distinguished citizens.

Commencing the practice of his profession under such auspicious circumstances, he soon acquired a lucrative and extensive business, and some of his earliest patrons were conspicuous for their wealth and high standing in society. Soon after his establishment in Philadelphia, Dr. Chapman published a work, embracing several volumes of the speeches of eminent British statesmen, with notes, critical and explanatory, which proved not only highly lucrative, but secured for him a distinguished and wide-spread reputation as a correct *belles lettres* scholar.

At this time he was the intimate friend and associate of the literary Denney, then the distinguished editor of the Philaphia Port Folio, and added to the reputation of that popular periodical, by his occasional communications to its pages.

Some time about the years 1807 and '8, there being, at that time, no distinct professorship of Midwifery in the University of Pennsylvania, Dr. Chapman delivered a private course of lectures on this department of medicine, to a large class of medical students, with great approbation; and these lectures were continued annually with great success until his appointment to a regular professorship in the University of Pennsylvania.

About the time of the commencement of this private course of lectures on Midwifery, Dr. Chapman was appointed one of the physicians of the Philadelphia Alms-House Infirmary, and acquired no inconsiderable share of professional reputation from his clinical lectures delivered in this institution. About this time, also, Dr. Chapman delivered several public discourses before different literary and scientific institutions of Philadelphia, amoug which we notice particularly the annual oration before the Philadelphia Medical Lyceum, which, having been published, added, in no inconsiderable degree, to his previous well earned literary fame.

Some time about the year 1812, Dr. Chapman published his edition of John Burns' system of midwifery, to which he appended numerous physiological, critical and practical notes, which, at the time, were regarded as a valuable addition to the work.

In the spring of 1813, soon after the close of the public commencement for conferring degrees in medicine, the illustrious Rush died—a victim to the epidemic, typhus fever, of that period.

The death of this distinguished professor left the chair of the Institutes and Practice of Medicine vacant in the University of Pennsylvania, and public opinion, with great unanimity, regarded Dr. Chapman as the most competent person to occupy the vacant chair; and, no doubt, the appointment would have been conferred upon him, had not Dr. Benjamin Smith Barton, then Professor of Materia Medica in the Institution, claimed the chair as a matter of right; and the trustees, yielding to his wishes on the subject, transferred him to the vacant chair, and appointed Dr. Chapman to the Professorship of Materia Medica.

This chair Professor Chapman filled with great satisfaction

to the class for two sessions; when, upon the death of Professor Barton, he was transferred to the chair of the Institutes and Practice, which, with some modifications in its arrangement, he continued to occupy until the close of his professorial career.

Upon the relinquishment of the chair of Materia Medica, Professor Chapman published his Elements of Therapeutics and Materia Medica, being the substance of his previous lectures; in two volumes octavo; which even at the present time is regarded as one of the popular standard works of that department of medicine, and is frequently referred to as a work of high authority by eminent writers both of Europe and America.

The present American Journal of the Medical Sciences, under some modification of the name, was established, and for several years conducted, under the editorship of Professor Chapman; the heavy pressure, however, of practical and professorial duties constrained him to relinquish its editorial charge, which he most judiciously assigned to his then young friend and former pupil, Dr. Isaac Hays, its present veteran and distinguished editor.

Upon the establishment of the Academy of Medicine of Philadelphia, in 1821, Professor Chapman was elected it first President; and, at one of it earliest meetings, he proposed the appointment of a committee to test the truth, or the contrary, of the experiments of Magendie and others, in relation to the absorption of medicines, the correctness of which he doubted, and which experiments were at variance with the doctrines he was accustomed to teach in his public lectures. With his characteristic liberality he proposed to furnish all the funds which might be required to prosecute these experiments to a successful termination. His wishes on this occasion were fully carried out, and the results of these experiments of the committee of the Academy are some of the most important facts in the annals of medicine.

During his long and eventful life, Professor Chapman was one of the most prominent and efficient members of several of the various literary, scientific and philanthropic institutions which adorn his adopted city. Sometimes called to preside over them, and, at all times, ready to aid them by his professional services, his personal popularity, and his pecuniary contributions.

We have thus briefly noticed a few of the prominent epochs and professional incidents, which mark the eventful and laborious life of this distinguished professor.

Language is inadequate to do justice to his intrinsic worth and manifold merits. As a public teacher, for more than the third of a century, in the most eminent medical school of our country, his fame is co-extensive with the science of medicine.

As a practitioner of medicine in one of the most populous and scientific cities of our Union, no physician ever sustained a more exalted and enduring popularity. In the scientific and literary circles of a city, which has been designated as the Athens of America, his professional worth and literary acquirements were highly appreciated.

On most occasions, when popular enterprises of great importance were agitated, his public spirit was manifested by great personal exertions and liberal donations. Steadfast in his attachments, sincere in his friendship, munificent in his patronage, he had endeared to him a large circle of devoted friends.

To the medical students he always appeared in the endearing two-fold character of a father and preceptor. In all cases of difficulty, they readily resorted to him for counsel and protection, and they never applied in vain.

He was the animating spirit, and bright ornament of the social circles of a city distinguished for its refined hospitality; and the flashes of his wit, and the spirited effusions of his colloquial brilliancy, were always listened to with admiration, and treasured up, to be disseminated on future occasions by those who witnessed them, for the instruction and amusement of others.

In conclusion, it remains for us to say, that one of the brightest features in this eminent professor's life, was his devotion to christianity. On all public occasions, in his addresses to the students of medicine, he urged, with great impressiveness on their attention, the important duties of religion. In the palmiest days of his professional career, he was a steady attendant on the public services of the church; and, at one period of his life was a prominent lay-officer of the Protestant Episcopal Church, to which he was attached.

Such was Professor Chapman.

"The man dies, but his memory lives!"

If there be any one thing more than another calculated to inspire in us an increased love for the honor and dignity of our profession, it is the contemplation of such professional worth, combined with such intellectual acquirements, and such civic virtues.

Monuments like these sustain in imperishable grandeur the Temple of Medical Science. *Vale egregium acedemiæ decus! tuum nomen mecum semper durabit; et laudes et honores tui in æternum manebunt.*

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*Life and Character of the late Professor* CALDWELL. *Read by appointment, before the St. Louis Medical Society. By* M. L. LINTON, M. D.—As Chairman of the committee appointed by this Society to furnish a brief sketch of the life and character of the late Prof. Caldwell, I ask your attention for a few moments.

Mr. President, a giant in medicine has fallen. One of the best minds ever devoted to medical research has ceased its labors. A little exaggeration might be excused and even expected on an occasion like this; but I do not wish nor intend to exaggerate—perhaps I could not; for I freely acknowledge that Prof. Caldwell came as near my *beau ideal* of a medical philosopher as any man I ever knew. I am proud to be able to say, that I am somewhat acquainted with his character as a man and as a teacher; and that I have received instruction from him as well in private as in public.

For nearly a quarter of a century I have been somewhat familiar with his written and his oral teachings, and I used to flatter myself, and I still believe that I possessed, in some degree, his friendship and regard—would that I could do him justice in its full extent, in the few words which I propose to say of him on this occasion. For sixty years, he stood at the head of the profession in this country. I borrow this remark, Mr. President, from yourself—no one, I suppose, will venture to gainsay it. When the nineteenth century dawned, it found him in the maturity of intellect and learning, at his post, laboring efficiently in the cause of science—nor had he faltered, much less ceased his efforts when that century had reached its zenith. Truly, he has "borne the heat and burden of the day." Few men, in any profession, have toiled so long and so much to the purpose.

Dr. Caldwell was a man of decidedly great talents. He was fitted by nature, as well as by education, to shine in any galaxy—to attain to a high degree of excellence in any department of thought. Whether he essayed history, biography, or criticism, he was always at home and equal to his theme. He adorned and elucidated whatever he touched.

As a philosopher, he was as near equal to the profound subjects with which he grappled, as it is in the nature and power

of man to be. As evidence of this assertion, I would mention his essays on the philosophy of mind, and his anthropological writings in general. He was one of the readiest and most voluminous and original writers of his age and country —I would add, also, one of the best. His style, though as elegant as that of Addison, and as masculine as that of Johnson, was not an imitation of either, or of any other. It was peculiarly his own, always dignified, clear, forcible, and often eloquent. In my opinion, no man could well have a better command of the English language.

His contributions to medical science are too numerous to be descanted on here. In early life he did not think it unworthy of his talents to translate, or to annotate, the works of the great masters of the old world. The American profession was indebted to his labors, in this line, for a translation of Senac and Blumenbach, and for a re-publication of Cullen's work on the Practice of Medicine, with a learned and able introductory chapter and copious annotations.

His original essays on Yellow Fever and Quarantine are sufficient to confer immortality on any name. Quarantine will never recover from the blows which he dealt it. He, perhaps, more than any other man, contributed to expose that time-honored and world-revered humbug, engendered by ignorance and fear, in the night of ages, which had sat for centuries as an incubus on the commerce and prosperity of nations. For this, the world owes a debt of gratitude to Professor Caldwell.

As an oral teacher, he had no superior and but few equals. You know, Mr. President, that as a public speaker, as an orator, indeed, Dr. Caldwell occupied the first rank, and that this position was with one consent accorded to him by the profession in Philadelphia. I appeal to yourself, also, who have heard him in his palmiest days. He always stood high as a medical lecturer. Both of the western schools, to which he belonged at different times, flourished under his auspices; and I hope that it will not be considered as derogating from the merits of others to say, the prosperity of these schools was attributable, in a great degree, to his energy, learning and talents. It has been said—

> "The evil that men do, lives after them;
> The good they do is interred with their bones."

This is not true, so far as benificence is concerned. The good which Dr. Caldwell has done to his species, will last forever. If he has ever done them any evil, I am not aware

of it, and this brings me to the close of my few remarks in regard to his labors and his life.

The brilliancy of his fame as a writer and teacher, accorded well with his unspotted reputation as a citizen. His glory as a philosopher is untarnished by his character as a man.

He has done his duty to the world and to himself. He has been eminently successful in all that can inspire ambition—successful in literature and science, as a writer and as a public teacher—he has been blessed with the full possession of his remarkable faculties to a ripe old age; and, dying, he has bequeathed to his profession and his country, a name worthy to be ranked with the many brilliant names that gild the horizon of the past.

Mr. President, three stars of the first magnitude in our profession have gone down almost simultaneously—Drake, Caldwell, Chapman—an immortal trio—the like of which we may not soon again behold.

*Galactagogue and Emmenagogue Effects of warm and stimulating applications to the Mammæ.*—Dr. J. R. Cormack endeavors to establish (*Association Medical Journal*, March 25, 1853), by the brief narrative of a few facts, the following propositions:—

1. Warmth and stimulants applied to the mammæ, often act powerfully as *galactagogues.*

2. Warmth and stimulants applied to the mammæ often act powerfully as *emmenagogues.*

3. The leaves of the bofareira (or ricinus communis), and jatropha curcas act as galactagogues and emmenagogues; but not from their possessing any peculiar or specific power.

1. *Warmth and stimulants applied to the mammæ often act powerfully as galactagogues.* Case 1. *Milk restored to the mammæ by hot fomentations.*—Last month, a lady, when nursing her infant, about seven months old, was attacked with acute bronchitis of moderate severity, which was successfully treated by low diet, and tartar-emetic in small doses. At the end of four days, the bronchitis was cured; but the milk, which had previously been failing, almost entirely left the breasts. On the fifth day, from exposure to cold, she experienced a relapse of the bronchial affection. As she had been considerably weakened by the previous attack, and as the symptoms of the relapse were not sufficiently severe to justify recourse a second time to antimony, I ordered her to take a

draught containing ammonia and chloroform, as an anodyne, expectorant, and diaphoretic, every eight hours; and to carry out similar intentions, I also directed a succession of pillow cases, filled with heated moist bran, to be applied to the ches.t When I saw her on the following day, after this treatment had been employed, she told me that she had profusely perspired for some hours: she was (after copious expectoration) free from cough, and pain in the chest; and, what was equally a source of pleasure and surprise to her, *her breasts had become distended with milk.* This lady was able to resume nursing, and to continue it with the assistance of a suitable diet.

Case 2. *Effects of a sinipism applied to one of the Mammæ, of a lady, five months advanced in pregnancy: effects of warmth in the same case.*—A lady was under my care for bronchitis, at the same time, as the patient whose case I have just sketched. She was directed one night, to apply a sinipism over the sternum, which she did; but having fallen asleep, it slipped to the side, and remained undisturbed for about an hour on one of the breasts. For some days, this mamma was very much larger in size than the other, and its areola was also much darker. From the delicacy of this lady, and the unusual severity of the weather, I directed her to wear a double flannel jacket, and a wadded wrapper round the chest. She tells me that *the breasts are larger and ihe areolæ much deeper in color, than they ever were in any of her ten previous pregnancies, even at the full time*; and these conditions were established, while her general health was exceedingly depressed by illness.

Case 3. *Stimulating Embrocation, increasing the Supply of Milk.*—A lady, though in excellent health, had a very scanty supply of milk for her infant, when it was a few weeks old. She consulted me as to the use of means to remedy this evil; and I advised her to rub the mammæ gently, every six or eight hours, with an embrocation, containing a small quantity of tincture of cantharides and oil of thyme, and to sheath the mammæ very warmly in wadding. *In a few days the milk was abundant.*

Case 4. *Hot poultices keeping up the Secretion of Milk when this was not desired.*—A lady suffered, after her confinement, from a succession of abscesses and abortive abscesses in the breast. The surgeon who attended her, treated her by antiphlogistic medicines, under which discipline she passed some wretched months, from mental and bodily de-

pression, aggravated by hysterical attacks. The local affection did not seem to make any satisfactory progress; and the great obstacle to a cure, was stated to be the impossibility of getting rid of the milk, in spite of saline purges being freely administered. The mammæ, during the whole of the period to which I refer, had been ceaselessly treated, night and day, with hot poultices and medicated fomentations. These applications were abandoned, and a generous diet prescribed. *In a few days there was not a drop of milk in the breasts*; and the abscesses, actual and threatening, had ceased to give any pain, and had, in fact, almost disappeared.

I might refer to other cases, which I have vividly in my memory; but the above, which have occurred within the last three months, seem sufficient to establish the first proposition; viz., that *warmth and stimulants applied to the mammæ, often act powerfully, as galactagogues.* I need hardly add, that along with the use of such means, the regular application of an infant to the breast, would greatly assist in reproducing lactation, as, according to the testimony of various authors, this stimulus has of itself, proved sufficient, to restore the secretion of milk, and has actually caused it to flow, not only from virgins and other women, who had never been pregnant, but even from males.* Excitement and sanguineous turgescene of the gland is induced; and these conditions afford to the organ, both a power and a stimulus, to perform its previously dormant function.

II. *Warmth and Stimulants applied to the mammæ, often act powerfully as Emmenagogues.*—Warm clothing of the abdomen and limbs, hot hip-baths and medicines, which stimulate the bladder and rectum, (such as ergot, cantharides and aloes), have undoubted emmenagogue powers, in properly selected cases of retarded or suppressed catamenia; and, indeed, they constitute, in various combinations, the principal measures, by which the physician usually endeavors to excite the ovarian nisus, upon which menstruation depends. The observant physician knows well, that while his treatment is directed to the uterus through the ovaries, the effects produced npon the mammæ are generally very striking, and the first indications which he expects to find of the uterus being roused from its torpor, are turgescence and tingling of the mammæ; phenomena which also usually precede normal menstruation. It is equally true, though not so famili-

* Cases in which men suckled children are on record. The essential character of the gland is the same in both sexes.

arly understood, that measures which act directly and primarily upon the breasts, such as warm clothing to the bust, and the application of stimulants, not only cause them to swell and throb, but likewise stimulate the ovaries, and cause menses to flow. The practice adopted by some practitioners, of applying leeches to the mammæ in amenorrhœa, owes its efficacy to fomentations used, and the irritation of the bites.

In 1834, Dr. Chas. Patterson, published in the *Dublin Journal of Medicine*, a paper, in which he described the emmenagogue power of irritation of the mammæ by sinapisms. This paper fell into my hands at the time of its appearance, when I was an Edinburgh dispensary pupil, practising I believe, with more zeal than knowledge, and using, often with more confidence than discrimination, that plan of treatment, which I had seen most recently or most euthusiastically recommended. In these circumstances, I successfully employed Dr. C. Patterson's method in amenorrhœa. The benificial results which I then obtained, produced a very strong impression upon my mind, as to the efficacy of irritation of the mammæ in producing menstruation; and the experience of nineteen maturer years, has confirmed this impression.

As Dr. Patterson's facts do not seem to be referred to by subsequent writers, and as the practice which he recommends, is so little noticed by authors, I subjoin an extract from his paper. Dr. Patterson writes as follows;—

"Mary Reardon, aged 24, of moderately corpulent habits, was admitted into the Rathkeale Hospital, on the 10th of August, 1832. She labored under slight synochial fever, which in a few days, yielded to venesection, and purgatives. On the 19th of August, symptoms which were considered of an hysterical character presented themselves, with pain in the upper and outer part of the right side of the chest. For the latter affection, a small sinapism was prescribed; but from the inattention of the nurse, it was made so large that it covered a considerable portion of the mamma. The sinapism remained on for half an hour. At the visit on the following morning, the 20th August, Reardon complained that the right breast was exceedingly painful—the pain being very different in its character, from that which she had before experienced. On examination, the whole side of the chest was found considerably swollen: there was slight diffused redness of the skin: and though the mamma itself was enlarged to four or five times its natural bulk, yet, there was no circumscribed hardness, nor any tendency to suppurative inflamma-

tion. On the 21st August, the right mamma and adjoining parts of the chest were found much more enlarged than they had been at the preceding visit. The left mamma and side of the thorax were unaffected; and it was announced by the nurse that the catamenia had that morning appeared, and were then in considerable quantity. This discharge, which, as the patient stated, had been for two years and a-half wholly suppressed, continued to flow for two days; then it began to decline, and with it the tumefaction of the mamma gradually disappeared."

Dr. Patterson's attention having thus accidentally been directed to mammary irritation as an excitant of the torpid uterus, he resolved to try its efficacy when a suitable opportunity presented itself. His next case is thus described:

"Catherine Power, aged 19, applied to me on the 14th September, 1832. She complained of headache, languor, loss of appetite, and inability to attend to her usual business, that of a servant. She stated, that about the middle of April, the menstrual discharge being then present, she incautiously exposed herself to cold in washing clothes at the river. The catamenia then suddenly ceased, and had not since returned; and from that period she had been constantly subject to ill health. She had consulted different medical gentlemen, and taken a great variety of medicine, with little advantage. I directed that the clavicular half of the right mamma should be covered with a sinapism. It was allowed to remain on for thirty minutes; and on visiting her in six or seven hours after its removal, I found the whole right breast considerably swollen, hot and painful. The next morning, the enlargement of the mamma was very much increased, the tumefaction having extended to the clavicle and axilla of the irritated side. There was no hard circumscribed or prominent tumor, but a painful, diffuse, elastic distention of the mammary gland and surrounding cellular substance. On the evening of the next day succeeding the application of the sinapism, this poor girl with much joy reported that the catamenia had appeared. The flux having continued for two or three days in moderate quantity, she then found herself greatly relieved of the headache and other most distressing symptoms; and in a week her health was so far restored, that she ceased to require any farther attendance."

I am disposed to regard irritation of the mammæ as a convenient and rapid agency for the induction of menstruation; but one which must neither be rashly nor indiscriminately

employed. In numerous cases it may be used alone; but, generally speaking, it may be advantageously combined with other means.

In cases of acute suppression of the menses, I am in the habit of prescribing, along with sinapisms to the mammæ, warm clothing of the bust and limbs, and the hot hip bath every twelve hours.

In anæmic amenorrhœa, it need hardly be stated, that irritation of the mammæ is only calculated to do good in conjunction with, or after a course of metallic medicine, such as some of the preparations of iron, manganese, or arsenic. In such cases, where we can trace a monthly ovarian nisus, though there be no catamenial flow, these periods should be seized as the appropriate times for using the sinapisms, and then also we may sometimes, by venturing a few doses of forcing medicine, such as cantharides and ergot, bring the case at once to a favorable issue.

The emmenagogue effects ascribed to the application of the leaves of the ricinus communus, by Drs. McWilliam and Tyler Smith, can easily be understood when we remember their irritative character, and the consequences which we have found to be induced by irritation of the mammæ caused by other stimulants.

"When the breasts," says Dr. McWilliam, "are small and shrivelled, the plant is said to act more upon the uterine system, bringing on the menses if their period be distant, or causing their immoderate flow if their advent be near."

In the subjoined case, related by Dr. Tyler Smith, the effect produced may have been owing partly to the application to the breasts, and partly to the application to the genitals.

"I have used," says Dr. Tyler Smith, "the remedy in a case of scanty menstruation of a remarkaale kind. Owing to exposure to marsh malaria some years ago, the patient had scarcely a sign of colored discharge at the usual catamenial periods. She used the infusion of the leaves of the red bofareira at the date of her period, applying the infusion and leaves to the breasts, and the vapor to the genitals, with the effect of producing, in two days, a considerable flow of the catamenia."

III. *The leaves of the bofareira do not produce their Galactagogue and Emmenagogue Effects in virtue of any Specific Property.*—The facts which have been already cited, point out pretty plainly that the effect of the leaves of the bofareira does not depend upon any specific property possessed by them, but simply on the determination produced by

warmth and the irritative juices which they contain. That a good deal depends upon the mere warmth of the poultices, is sufficiently obvious. I have seen frequent examples in my own practice. I will not, however, enter into the particulars of these cases, but will conclude by mentioning two circumstance which thoroughly corroborate this view.

In the *Boletin de Medicine, Cirujia y Farmacia* of 14th November, 1852, a short abstract was given of Dr. McWil liam's paper. In the same journal of the 19th December following, a correspondent writes to say, that in consequence of the notice which had appeared of Dr. McWilliam's paper, he had used fomentations of fig leaves (*hojas de higura*) to promote the secretion of milk in three cases, in which it had wholly or nearly ceased. In all the cases, the benefit was decided. The Spanish practitioner wrote to confirm the practice recommended by Dr. McWilliam; but he has in reality, by using the wrong leaves, shown very clearly the galactagogue effects of poultices and fomentations, even when destitute of stimulating properties. I may likewise here state, upon the authority of a Spanish lady, with whom I conversed on this subject a few years ago, that in Cadiz, women are in the habit of bringing back the milk to their breasts after it has left them in consequence of weaning the child, or of any other cause, by means of drinking an infusion of the wild lupin (*altramuz*), and applying to the mammæ fomentations made with the same plant. This plant has no stimulant or irritative quality, and the efficacy of the poultices made with it must, as in the case of the fig leaves, depend simply on heat and moisture, as in a common poultice. The internal use of the infusion might be dispensed with.—*American Journal of Medical Sciences.*

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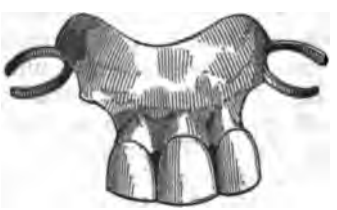
# Miscellaneous.

*A Plate of Artificial Teeth swallowed, and subsequently discharged per Anum.* By W. H. Mussey, M. D.—Mr. E. S., of Fulton, was awakened at midnight, of June 14th, 1853, by a distressing sensation in the throat, and discovered that a plate of three teeth, which he wore in his upper jaw, had disappeared. Successive acts of deglutition did not relieve the oppression, and Dr. E. H. Ferris was called, who

employed such means as were at his command to clear the œsophagus, but emetics, &c., affording no relief, they called on me at 2 A. M., the 15th.

The patient insisted that the missing teeth were in the œsophagus, at a point corresponding to the last cervical vertebræ. In using the various œsophagal instruments, there was no difficulty in passing them below the point indicated, and that without contact with any foreign body. Instruments were employed for twenty minutes, at intervals of three or four minutes, when the question of the expediency of œsophagotomy was considered. In order to assure myself of the presence of a foreign body, I again introduced a slender instrument, having a slightly hooked extremity. The exploratory movements caused some irritation, and a vigorous spasm of œsophagus. The withdrawal of the instrument was followed by a more violent spasm, and the sense of obstruction was relieved: the patient exclaimed, he had "swallowed the teeth!"

The use of bulky food, as mush, rice bread, and potatoes, was advised, and a patient waiting for developments.



June 21st.—At 8½ o'clock, A. M., (six and one-third days after the accident), without any previous unpleasant symptoms, there passed the anus, attended with slight pain and a few drops of blood, the set of teeth, of which the accompanying cut is a representation.

To this day, the patient has not had the slightest derangement of his system.

Cincinnati, Oct., 1853.

☞ We are informed that the distinguished Anatomist, Prof. Jedediah Cobb, is about to enter another field, in the pursuit of a different species of laurels from those that already entwine his brow. He has received the appointment from Mr. Guthrie, of *Assager* in the United States Mint, at New York. Our best wishes, that have always been with him in his professional life, shall still follow him into his political career; and we hope that he may not only find greener laurels, but those that bear a greater abundance of fruit.

His splendid Anatomical Cabinet, (that employed him for years in patient labors and untiring research, to prepare), has

been purchased by the Faculty of the Medical College of Ohio, to be placed permanently in the Museum of that institution.

In this Cabinet, the arterial, venous and nervous systems are beautifully illustrated, both by dry and wet preparations, with an extensive collection of bones, sufficient for a course of lectures on either human or comparative anatomy. Innumerable specimens, not embraced in the above classes, that cost much time and labor in preparing, belong to the collection, with a variety of splendid French *papier mache* work, giving highly magnified views of the eye and ear, and the sphenoid, ethmoid, superior maxillary, and other complicated bony structures.

We think the College was singularly fortunate in securing this Cabinet, as Prof. Bayless, the present incumbent of the Chair formerly filled by Dr. Cobb, assisted largely in its preparation, and is perfectly familiar with all its intricate parts; so that his lectures will as accurately demonstrate these preparations, as if they had been originally his own, and designed for his own use.

*Quicksilver Mines.*—The diseased forms of men working as excavators belong only too prominently to a picture of Almaden. You meet men in the street with wasted faces, fœtid breaths, and trembling hands, blind and paralytic. The heat in the lower workings of the mine is very considerable; the ventilation is imperfect; vapor of quicksilver floats upon the air, and condenses upon the wall, down which it trickles in little runlets of pure liquid metal. Even visitors are sensibly affected by it, and retain for some time the metallic flavor in their mouths. The miners, who number more than 4,000, are divided into three gangs or watches, working six hours each, and leaving the fourth six hours of the twenty-four, from ten o'clock till four in the morning, as an interval of perfect rest. On account of the heat and the deleterious nature of the vapor, summer is made the idle time, winter the great period of activity among the population. As the winter closes, the appearance of the miners begins very emphatically to tell its own tale, and great numbers hasten to their native plains and mountains to recruit. Their homes are chiefly scattered about Estremadura, Andalusia and Portugal. Crowds of Portuguese, after harvest, flock to obtain employment at Almaden, selling not their labor only, but their health. The most robust cannot work in the mine longer than for about fourteen

days in succession; generally eight or nine days make as long a period of such labor as can be endured without rest. Those who exceed that time, are obliged eventually to give up work, and breathe unadulterated air for perhaps two months together. If they work without due precaution, and almost inevitably if they indulge in wine, miners at Almaden, aged between twenty-five and thirty, waste away, lose hair and teeth. acquire an insufferable breath, or become sometimes afflicted with tremblings, that render them unable to supply their own wants; they have to be fed like infants. If the disease be not checked vigorously, cramps and nervous attacks of the most agonizing kind follow upon these symptoms, and lead on to death. They who work within due bounds, and live moderately, using a good deal of milk, if they take care always to cleanse their persons thoroughly after each six hours of work —the full day's labor—live not seldom to old age. These diseases afflict the miners only. The men engaged upon the ore and quicksilver outside the mines, in smelting and in other operations, do not suffer.—*Dickens' Household Words.*

*A New Medical Journal.*—We have received the "Medical Chronicle, or Montreal Monthly Journal of Medicine and Surgery," edited by Wm. Wright, M. D., and D. C. MacCallum, M. D., containing thirty pages of instructive and interesting matter, written on various medical and surgical subjects. We take much pleasure in placing this *gem* on the list of our exchanges, and hope it may long continue to be a welcome monthly visitor on our table.

*Another.*—From the plains of Iowa, where but a few years since the untamed and unsubdued red men chased the buffalo and the deer, and where, under their brave chief, Black Hawk, they challenged the United States to battle, we now receive a medical journal, printed on good paper, in a beautiful, clear type, and containing much reading of interest. Upon the whole, this journal will compare favorably with many of those issued from the oldest cities in the Union. It is to be conducted by the Faculty of the Medical Department of the Iowa University. Our best wishes shall cheer its future progress to success.

*And Another.*—The "Peninsular Journal of Medicine and the Collateral Sciences," is on our table. It is edited by E. Andrews, A. M., M. D., Demonstrator of Anatomy in the University of Michigan, at Ann Arbor. This is a spicy little journal, with much that is readable on its pages.

The Newark Advertiser utters the following, touching the Pettifogger:

This busy, cunning personage has an office; aye, frequently a better furnished one than the learned jurisprudent; just as quacks are the best housed; for with them both, the outside is the most important side. Rows of real law books, of the best editions, too, adorn his mahogany shelves. But he has never read them. Their insides remain to him all Hebrew. He uses them as bait for gudgeons; decoys for game. These small attorneys are not what they once were. Of late years, pretense and shamming have risen like other things in price and public estimation, and become the very best capital in business. Once the charlatan quacked it on foot, or with an old horse and saddlebags. Now he rides in a coach, and sleeps in a four story domicil. The pettifogger used to skulk into lanes and basements, or stand at corners with ink horn and pen in hand, begging for a job, and ready for the service of any rank or color. He continues, in fact, the same deception now, only he drives his trade in an arm chair, in handsome apartments. The scene is changed indeed, but the actor is ever the same ignorant, brazen, tricklish impostor. He sows the seeds of strife as heretofore, and reaps the plentiful fruits of it, in consequence of which, he gradually enlarges his bank account. Formerly he was content to make a bank deposit of five dollars at a time. Now he puts in quadruple that sum all at once, and lets in remain there half an hour at least before he draws it out again. He wriggles himself into respectable company, for he is an active, industrious creature, and will do anything for pay. By and by he gets elected a director, and his influence expands. He becomes the owner of a dwelling, not mortgaged for more than it is worth, and thus he has a stake in the community, whose welfare he consults, by taking good care of his own; for, as he understands the country to be composed of individuals, he performs his duty to it, of course, according to his contracted notion, by taking care, of one individual, at least—himself.

*The Cure of Squinting by the use of Prismatic Spectacles.* By T. Spencer Wells, F. R. C. S.—Dr. Kurke, a Dutch physician, first recommended prismatic spectacles for the cure of squinting. He has recorded one case cured by their use, in the Dutch journals. Dr. Von Gräfe, of Berlin, has since employed them very extensively. During a recent visit to

Berlin, I had frequent opportunities of observing their effects upon his patients, and I think that the result of his experience should be made known to the profession in England.

The glasses are fitted in ordinary spectacle frames. They are simple prisms of various degrees, from 1 to 20. It would be possible to make them achromatic; but I have only seen the ordinary ones in use.

The operation upon the sound eye, as explained by Dr. Von Gräfe, is as follows:—When a prismatic glass is held before one eye, on any point of sight in the converging direction of the optic axis, the light falling upon this eye, is diverted from its former course, and no longer arrives upon the macula lutea, but forms a more or less eccentric picture, according to the refracting power of the prism. From its position, this is no longer combined with the central picture on the other retina into one perception, but is perceived separately. Thus, the object upon which the optic axes converge, is seen double.

Theoretically, this phenomenon should be observed when a prism of very moderate power is used; but observation teaches us, on the contrary, that no diplopia follows when weak prisms are employed, especially if the base be directed outwards. This might be explained in two ways. Either the picture on one retina is suppressed, or the eye which sees through the prism takes a new position, which is not perceived by the observer, so that the picture is not formed excentrically, but falls, like that of the other eye, upon the macula lutea. The improbability of the first supposition at once appears, from the fact, that no diplopia is produced by weak prisms, while more powerful ones produce it at once, and the greater the excentric position of the picture, the more easily it would be suppressed. The truth of the second explanation is established by a more exact observation of the position of the eyes. On applying the prism, we see the optic axes deviate from their former position, and return to it as the prism is removed. At the moment of the removal, the object is seen double, because both axes are not directed upon it. Thus, in order to prevent diplopia, an involuntary strabismus occurs, and we can produce this in any direction, by corresponding positions of the prism, but most decidedly so inwards, less so outwards, much less so downwards, and least of all upwards. We can also produce strabismus in this manner, in diagonal directions.

It follows, that by the use of prismatic glasses, we have the

power of altering the tension of any given muscle of one eye, without producing any alteration in the other. This is the peculiar advantage, which none of the ordinary orthopædic means formerly employed, possessed. On the contrary, the result hoped for from their employment, was not only frequently frustrated by the movements of association of the two eyes, but sometimes, as in cases of recent muscular paralysis, an effect directly the reverse of that desired, was brought about.

The increased contraction called for, from the relaxed muscle by the use of prismatic glasses, is the source of their curative power. For example, in a case of convergent strabismus, with diplopia, a prism with its base directed outwards, alters the position of the excentric picture, on the retina of the squinting eye so greatly, and brings it so near the macula lutea, that single vision follows any voluntary power, conveyed to the abductor muscle. Consequently, the angle of the squint is somewhat diminished. As it becomes less, and the power of the abductor increases, prisms must be used gradually diminishing in power, until at last, a perfectly accurate corresponding position of the eyes is attained at all distances,—in other words, the squint is perfectly cured. I have seen patients of Dr. Von Gräfe's, who were thus completely cured in about six weeks, commencing with the strong glasses of the numbers from 15 to 20, ahd gradually wearing them less and less powerful. They are principally applicable in young persons, who squint but slightly; and in cases of diplopia biocularis, where the abnormal position of one eye, is only observed, when an object some feet distant is regarded, they are the only certain means of cure.

In more marked degrees of strabismus, the muscle must be divided, because the use of strong prisms, and the efforts of the patient to avoid diplopia, become very troublesome; and if the union of the two images causes too great an effort, an effect is produced exactly the opposite of that desired; for if the diplopia cannot be removed, the double images separate still further from each other, because, when distant, they are not so intolerable as when near.

In many cases after operations for the cure of strabismus, by division of the muscle in one or both eyes, although great improvement follows, the cure is not perfect. Some degree of squint still persists in one eye, and probably some diplopia, when objects at certain distances from the eye are attentively regarded. In such cases, the prismatic glasses suf-

fice to complete the cure commenced by the operation. I saw several instance, in which this proved to be the case, in the practice of Dr. Von Gräfe.

I have patients under my care at present, who are wearing these spectacles, and I shall take a future opportunity of making the results known. Messrs. Watkins and Hill, opticians, of Charing-cross, have had the glasses ground and fitted for me, and make them at any angle which may be required. Messrs. Bland and Long, of Fleet street, also make them.—*London Med. Times and Gaz.*

*Litholiby.*—Dr. Denamiel has read before the *Academie des Sciences* of Paris a memoir upon "Litholiby," (to crush stone,) by which term he designates an operation consisting in the crushing of the stone, as it lies in the trigon vesicæ, behind the prostate, between an instrument introduced by the urethra into the bladder, and the fore and middle fingers of the left hand, introduced per anum. He affirms that some calculi are so friable as to break under the least pressure; that the trigon vesicæ, where free calculi generally lie, is accessible to the finger introduced into the rectum; and that a sound passed into the bladder may serve as the *point d'appui.* He also states that the action of alkaline fluids upon the mucus, which forms the common cement of the elements of calculi, leads to the disintegration of the mass, whatever may be the chemical composition of the layers which compose it.

The distance from the integument to the neck of the bladder is commonly 2¼ inches; it varies between 1 inch and 4 inches. The prostate gland and the trigon vesicæ are separated from the rectum by only a very thin layer of areolar tissue, in which fat is never deposited; consequently, any hard body may be easily felt and compressed.

The patient, having the bladder moderately distended, is put into the horizontal position, upon a properly constructed bed; the thighs separated and raised; the feet resting upon chairs. The left fore and middle fingers of the operator are then introduced into the rectum, and the stone is felt. A curved sound, grooved upon its convexity, as far as its vesical extremity, that it may the more readily hold the stone, is next passed into the bladder. Then pressure is made, until the calculus gives way. In many cases, a very slight amount will suffice. Should any difficulty arise, the pressure may be directed alternately toward the right or the left, that every part of the surface of the stone may be acted upon. In cases

where the calculi are hard, several sittings are required; and the use of alkaline fluids become needed, to favor their disintegration. A quantity of warm water should be injected into the bladder after each operation, that the smaller fragments may be immediately washed away.

*External application of Atropia in Neuralgiu.* By Luigi Crosio.—In four cases of severe neuralgia,—trigeminal, supraorbital, brachial, and ischiatic,—in which other remedies had failed, the external application of atropin effected a speedy cure. One gramme of atropin, dissolved in spirit and mixed with a drachm of fat, was rubbed into a surface of integument excoriated by a blister. There were symptoms in one case only. Upon the second day, in each case the pupils were dilated, the skin hot and dry, the head oppressed. All objects appeared small and confused, and the patients feared to become blind. As these sensations subsided, the neuralgic pains disappeared. Care was taken that the brain became not too much affected.—*Gaz. Lomb.*, 1852.

*Nasal Injections considered as a means of Nourishing New Born Infants.* By M. Henriette, Physician at the Hospital for Foundlings at Bengal.—The author adverts to the want of success which, in his hospital, has attended every effort hitherto made to nourish foundlings, who, upon their reception, refused to take the breast. Accident induced him to inject food by the nose. An infant was attacked by ozena. It suckled with the greatest difficulty, being obliged to let go the nipple every moment in order that it might breathe. Milk was injected through the nares, and, to the surprise of the author, it passed upon each occasion into the stomach. In May, 1851, an infant was brought into the hospice in a state of extreme weakness; it was scarce seven months old, and its appearance indicated precocious birth. It took no food; whatever was put into its mouth was spit out as it was given. Under these circumstances its life was despaired of; for it is a known fact, that, in hospitals for young infants, death is the rule for those who will not take the breast. Dr. Henriette commenced injecting daily through the nose milk taken from the mammary gland of the nurse destined for the child. The operation was repeated frequently, and, in the course of a few weeks, the patient became well-nourished and thriving. At the date of February 1, 1852. eleven infants, who had refused to suckle, had been thus supplied with food. Of these, seven

were rescued from death; and, in the remaining four, who ultimately died, life was prolonged from periods varying between five and twenty-four days. The author remarks that this proceeding is adapted to infants prematurely born, whose weakness depends upon imperfect organization, and not to those suffering from internal disease; and he relates the differences of appearance between the two. In speaking of the advantages of these nasal injections, he remarks, that they require no effort of the will; and he alludes to their applicability to those infants, who, brought to the hospital weak and apparently dying, lie in their cradles, occasionally uttering slight cries, but generally silent, refusing upon any inducement to take notice of their nurse. Of such, it appears, a great number are annually received. *Post-mortem* examination has failed to detect in them any important lesion.

The infant being placed upon the lap of the nurse, the surgeon introduces the tube of a syringe, previously warmed, supported by the thumb of the left hand, about a line into the nasal aperture. If introduced further, it excites a fit of sneezing, and might wound the mucous membrane in the event, which occasionally though rarely happens, of the child being unruly. The liquid must be propelled very slowly; it passes into the posterior parts of the pharynx, and runs drop by drop down rhe œsophagus into the stomach. The presence of the food in the alimentary canal effects those changes in the condition of the child which, in many cases, induce it in the course of a few days to take to the breast in the natural manner.—*Revue Med. Chir. de Paris*, 1853.

M. Henriette has since published an appendix to the foregoing, in which he recommends the administration of medicines in infants, and occasionally in adults, by the samepassages.

*Scarlatina and Rubeo la.*—Dr. Waltz has employed frictions with fat in seventy-four patients, laboring under scarlet fever—all were cured. In sixty-nine cases there was no desquamation; in four cases there was secondary dropsy, which yielded readily to treatment. He has also tried the same treatment in three hundred and forty-three cases of measles, fifty-seven of which were severe—all were cured speedily. In thirty of these cases, it is stated, that the patients were tuberculous, and that the progress of the phthisis was arrested.

# Western Lancet.

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No. 11. CINCINNATI, NOVEMBER, 1853. Vol. XIV.

## THE HOSPITAL CONTROVERSY.

Most of our readers, we presume, have read the newspaper accounts of a recent public discussion, in relation to the medical government of the Commercial Hospital; and as the subject has not been fairly presented in the hasty and imperfect statements which have been made, we regard it as our duty to place before the profession a concise review of what has transpired.

In making even a brief allusion to this subject, we wish distinctly to be understood, that we do so rather as a matter of duty than of choice; for, although we shall act the part chiefly of the historian in recording the transactions of a public discussion, still the circumstances demand the expression of opinions, and the exposition of acts and motives, which we would gladly pass by in silence, and permit them to be lost among the ephemeral topics of the day, as events more properly to be forgotten than permanently recorded. But we are not permitted to choose between inclination and duty. The subject has been already, most injudiciously and improperly, thrust before the community, and committees have been appointed, charged with future action, so that silence is no longer pardonable in public journalists, and would doubtless be misconstrued by all parties.

In narrating the events which have occurred, we disclaim all personal prejudices, or a desire to wound the feelings, or injure the reputation of any one, however much we may deprecate his course of conduct; but at the same time we regard it as a privilege which the nature of the transaction itself has given us, to pass a judgment, and to express opinions, in regard to motives as well as acts; and while we condemn the one, it would be an absurdity to attempt a justification of the other.

The medical government of the Commercial Hospital has been, from the first establishment of that institution, vested in the Faculty of the Medical College of Ohio. In the year 1819, the late lamented Dr. Drake obtained the charter of the Medical College; and, with his usual sagacity and forecast, perceiving the importance of clinical instruction to the successful operations of a Medical College, immediately caused a bill to be introduced into the Legislature for the establishment of the present Hospital. The measure, however, at first met with opposition, and it required all the energy and tact of that great man to accomplish his object. But his labors were crowned with success, and, in the year 1821, the Hospital was chartered, and its medical supervision committed to the Faculty of the College. Indeed, the College and the Hospital acknowledge the same parentage, were conceived jointly in the same great scheme, and it was just and proper that the connection should be recognized in the organic law of the two institutions. That our readers may understand the legal relations of the College and Hospital, we will make a few extracts from the laws bearing on the subject.

The *Charter of the Hospital*, passed January 22d, 1821, makes the following provision:

"*Be it further enacted*, That it shall be the duty of the Faculty of the Medical College of Ohio, to give to all the patients in said Commercial Hospital and Lunatic Asylum, the medical and surgical advice and service which their cases may require, without charge, in consideration of which, they shall be at liberty, under such regulations as they may choose to prescribe, to introduce the pupils of said College into the said Hospital and Asylum, to witness the treatment of patients there assembled; and whenever the Faculty of said College shall cease or neglect to perform said services, they shall be debarred from the privilege of thus introducing their pupils."

The *Charter of the College*, as revised December 31st, 1825, contains the following provision:

"That it shall be the duty of the Faculty of said College to visit and attend the patients in the Commercial Hospital and Lunatic Asylum of Ohio, located in the township of Cincinnati, and to render to said patients such medical and surgical advice and services as their cases may respectively require, without any charge or pecuniary compensation therefor; in consideration of which, the said Faculty shall have liberty and power, under such regulations as they shall think fit and proper to prescribe, to introduce the students and pupils of said College into said Hospital and Asylum, to witness the treatment of diseases, and such surgical operations as may be performed therein."

On the 21st of March, 1851, the Legislature passed an act authorizing the Trustees of the College to mortgage the property for the purpose of erecting a new college edifice; and with the view of guarding the provisions of the Charter of the College and Hospital, which related to the medical and surgical supervision of the Hospital, the following clauses were inserted:

"*Provided*, That in the event of mortgage of said property, the proceeds thereof be appropriated to the erection of a building, on the lot on which the present building is erected, in which shall be taught regular scientific medicine, as contemplated in the various acts creating the medical college; *and, provided, further*, that no sale of said property, by reason of said mortgage or otherwise, shall impair the right of the State to the medical attendance now by law provided and required for the Commercial Hospital and Lunatic Asylum of Cincinnati; * * * * *and, provided, moreover*, that the premises so authorized to be mortgaged shall ever be occupied and used for the purposes of a Medical College, as contemplated by the acts relating to the Medical College of Ohio, and the Professors and Faculty of Medicine hereafter so using and occupying said premises, shall always furnish medical and surgical attendance at the Commercial Hospital and Lunatic Asylum of Cincinnati, as required by said acts relating to the Medical College, and said Commercial Hospital and Lunatic Asylum."

These are the laws under which the Faculty of the Medical College of Ohio, exercise medical and surgical supervision over the Commercial Hospital; and it will be remarked that they are singularly full, definite and complete. Indeed, it would hardly seem possible to confer more complete authority, or to throw around the subject more safe-guards.

It is not to be presumed, however, that restless and ambitious persons would be restrained by legal rights, or just claims, from attempts to subvert the jurisdiction of the College, and to place themselves in power. Accordingly, we find the "Eclectics," at one time, importuning the Legislature to grant them admission to the Hospital. They declared its present government to be a *monopoly,* and that they had equal rights to the privileges of prescribing, and introducing their pupils into the Hospital. It was also alleged, that the rate of mortality was unusually great, and that a change was on that account desirable. In these efforts, however, they were unsuccessful; the Legislature refused to violate the contracts previously made with the Medical College of Ohio, and thus they were defeated.

Tranquility having been restored, it was presumed that the College would be permitted to pursue her legitimate business of teaching, unmolested by attempts to subvert her rights. But in this reasonable expectation she was disappointed. A fraction of the regular profession, desiring to break down the College, and at the same time promote their own interests, opened a most violent, extraordinary and unprofessional warfare, the principal events of which we will now briefly record.

Sometime in the month of September last, a call for a meeting of the profession appeared in the public newspapers, signed by eighteen physicians, for the purpose of discussing the condition of the Commercial Hospital and Lunatic Asylum. But few persons seemed to comprehend the objects of the meeting, or the measures which were proposed to be accomplished. When the meeting assembled, the first business proposed, was an inquiry into the present defective condition of the Lunatic Asylum. This measure met the approbation of all parties. The Faculty of the College had, in conjunction with the Township Trustees, repeatedly called attention to this subject, and urged, on various occasions, that adequate provisions should be made for the accommodation of the lunatics. But the objects of the meeting were not attained by investigating the condition of the lunatics, and a motion was made to appoint a committee of seven to investigate the condition of the *Commercial Hospital.* The committee was appointed, and the meeting adjourned.

It seemed quite evident to unprejudiced persons, that an organ-

ized and systematic attack on the Medical College of Ohio was contemplated; and although many, if not a large portion, of those who signed the first call, were not actuated by any such motives, yet it was but too evident that the *leaders* of the movement were hostile to the College. The composition of the committee itself left no room to doubt the spirit that would animate their report. They were known to be, with a few exceptions, either positively hostile to the College, or with such relations as would bias them in a report on the subject. Nor were these anticipations groundless, for when the report was made, it fully disclosed what was so evidently foreshadowed.

On the 30th day of September, the chairman of the Committee called the profession together to hear the report. We have not space to give the entire report, but will endeavor to sum up its several points.

After stating that the Hospital building was insufficient for the accommodation of the sick, (which is fully sustained by the facts), they proceeded to discuss the subject of its *medical government;* and their objections to the control exercised by the Faculty of the Medical College of Ohio, are embraced in the following points:

1. That the present government is a *monopoly;* that the profession of the city cannot have access *without invitation;* and, therefore that the profession would be benefitted by a change.

2. That the contract existing between the State and the Faculty had been violated by the payment of money to *Resident Physicians*, and in one instance to a *member of the Faculty;* and that for a period of *ninety days* the chairs of the College were all vacant, and consequently the Hospital was without legal service. Thus the committee, not having the poor merit even of originality, it will be remarked, followed in the footsteps of their illustrious predecessors, the "Eclectics." The reasons are nearly precisely the same, and the assertions equally reckless.

The report was loosely written, and proposed no substitute for the present government; but during the debate, the desire was avowed to place the Hospital under the control of the profession of the city, instead of the Professors of the College.

To these charges the friends of the college responed: 1. That special privileges (called monopoly) must of necessity be exercised by whatever party controlled the Hospital, and that

feature would be in no wise removed or modified, by substituting one party for another. 2. That the payment of the resident physicians, was no violation of contract, because it was a voluntary act of the governers of the Hospital, and was placed on the same basis as the salary of the steward, apothecary and nurses. The Faculty did not demand it, nor did they exercise any control over the subject. And the statement, that a *member of the Faculty* had received a salary, was untrue, the person referred to being only demonstrator of anatomy. And in regard to the advantages which would accrue to the profession at large, it was argued that the present relations contributed more to the interests of the profession, by clinical teaching, than could arise if it were not under the authority of a medical school; that so few members of the profession could personally participate in the duties of prescribing, that no general interest could arise from that source. And further, that the profession were always welcomed to the house, and that the pupils of all regular schools were admitted on the same terms of those belonging to the Medical College of Ohio. It was believed also, that any elective board of governers, would be liable at sometime, to admit irregular practitioners, and that the only safety of the Hospital depended on its present relations to the College. Those who are familiar with Cincinnati, will readily perceive the force of this argument. Indeed the most judicious and well informed persons believe, that the safety of the Hospital depends on the maintanance of its present relations.

In relation to the vacation of the chair, it was proven, that instead of the period being *ninety*, it was only *twenty-seven* days; and that instead of there being no *legal* service, the late Faculty had been regularly appointed by the proper and competent authorities, as the attending physicians and surgeons, and that the attendance was *strictly legal.*

It was stated in the report, that the mortality of the hospital for the past year was *thirty per cent.*, and a more than intimation, that the sick were suffering by the present arrangement. In opposition to this assertion, it was shown that the committee had deduced their opinion from a small fragment of the patients, and either intentionally or ignorantly omitted by far the larger proportion. It was fully proven in subsequent debates, that the average mortality, notwithstanding the faulty construction of the building,

(as urged by the committee itself) and the unfavorable class of patients received, when fairly and properly stated, was only about *one in nine* or *eleven* per cent.

Thus ends this extraordinary report—a document which is unequalled in the annals of medicine for false statements, extravagant assertions, and unwarrantable deduction. It was proven, to the entire satisfaction of all unprejudiced persons, to be untrue in fact and spirit, in every essential particular,—except the dilapidated and unsuitable nature of the building.

The *finale* of the debate was as singularly irregular, as the report had been in the beginning extraordinary. The subjects were discussed four evenings, and at the last sitting, a motion to adjourn *sine die*, prevailed by a majority of 46 to 18! But the party acting in the matter was not to be thus beaten. Defeated at every point—their report proven to be false in fact, and untenable in deduction—they were humiliated by an adjournment *sine die*. But, with the view of retrieving a lost battle, the party again assembled (the friends of the college refusing to participate, or even be present), and without opposition, passed a resolution, declaring the separation of the college and hospital desirable. This resolution, we are informed, was passed by a vote of not over *twenty* (and probably less), while the profession of the city will number at least one hundred and fifty; and when the President of the meeting called for the yeas and nays, with the view of voting *against* the resolution, the call was refused, doubtless on the ground of the small number present. Thus the resolution was passed by a fraction of the profession, and without opposition. *Parturiunt montes; nascitur ridiculus mus!* truly a *mountain* in labor, and a *mouse* as the product.

We cannot regard this whole movement in any other light, than that of a design to injure the interests of the Medical College of Ohio. In this statement however, we do not include all who participated in the movement, for there were doubtless, some who were deceived by specious pretences, and garbled statements; but the circumstances connected with the general proceedings, could leave no doubt, in the minds of nearly all who were present, that the life of the whole affair was a covert oppositton to the college. And if the general circumstances were not sufficiently pointed, the positive declaration of the most prominent person in [illegible] and

who is justly regarded as the intellectual embodyment of the party), "that it *was* a war on the Medical College of Ohio," was conclusive on that point.

In regard to the course pursued in this most unjustifiable attack, we are compelled to regard it as not only unjust, but also grossly unprofessional. On this point we wish to be distinctly understood. A charge of unsuccessful practice, on the part of the Faculty of the College, made before a miscellaneous audience, and with special arrangements for its publication in the newspapers, was not only unjust, but *grossly unprofessional.* Reporters for newspapers were *invited to be present,* of course for the purpose of spreading the proceedings of the meeting abroad among the people; and the result was, that garbled and unjust statements went abroad and were eagerly caught up by empirics, and used to damage the whole profession. The whole transaction was a most disgraceful and humiliating scene, and more injury was done to the regular profession, than the same party can ever repair. We sincerely hope that it will teach them a lesson, which will not soon be forgotten, and that they will hereafter spend their energies in the promotion of science, and pay due regard to rules which should govern the conduct of high minded and honorable physicians.

And now, what is the result of this disgraceful scene? There are three results—two positive and one negative. The positive results are, first, the injury which has been sustained by the whole profession; second, the injury to medical institutions, by driving pupils from this city. We have indubitable evidence, that many medical students were deterred by this unfortunate turmoil from attending lectures in Cincinnati; and thus, *all* the schools here have been materially injured.

Finally, the *negative* result is, that the hospital relations will continue unchanged. There is not the most remote probability, that the Legislature can be induced to attempt a violation of the the present contract; and if so unwise an act should be committed, it would be rendered inoperative by the Constitution of the State, which declares that no *retroactive law, or law impairing the obligation of contract, shall be passed.*

Verily, the mountain *did* bring forth a *mouse.*

# Original Lectures, Essays & Communications.

*An Essay on the Internal Ear. Read before the Cincinnati Medical Society.* By WM. HENRY BRISBANE, M. D.

The complicated and deep seated structure of the ear, has presented a formidable obstacle to the study of the anatomical, physiological and pathological conditions of this important organ. It is generally considered beyond the reach of medical treatment, when the disease of the ear is within this complicated strrcture; and hence, most physicians content themselves with a knowledge of the normal and morbid conditions of the pinna, and the external meatus and *membrana tympani*. And even in relation to these external parts, many feel indisposed to acquire any considerable information. Hence, the treatment of diseases of the ear, has in a great measure, fallen into the hands of empirics, who understand little or nothing of pathological and therapeutical principles. The consequence is, that very many of our fellow citizens, are in a great measure lost to society, on account of deafness, who might have been restored, if they could have been treated with proper medical judgment and skill.

We all know, that to understand properly, disease and its treatment, we must have a knowledge of the anatomy and physiology of the diseased part, and of the relations it bears to other parts of the system.

The essential ear, consists of the cavity within the petrous portion of the temporal bone, and the nerves distributed within that cavity. All other parts, are mere auxiliaries to convey, to concentrate and to modify the vibrations which result in sound. That essential part in the human subject, is called the labyrinth; and this is a labyrinth, not because so complex a structure is essential to sound, for there are animals in which the cavity is perfectly simple, but because man being at the head of the highest class of animals, requires an apparatus adapted to all the various modifications of sound, suited to his intellectual character.

To obtain a complete knowledge of the auditory apparatus, a previous thorough understanding of the principles of psychological science, would essentially aid, affording *a priori* reasoning, which would lead or guide us in our search for anatomical structures and physiological functions. But unfortunately for us, we have to arrive at psychological science in

a great measure, through physiological manifestations. This we know, however, that man is an intellectual and moral being, and that his sentient organs ought to harmonize with the intellectual and moral faculties of his soul. Being intellectual, he seeks and acquires a knowledge of other beings besides himself; being moral, he seeks and learns to adjust himself to the various relations of physical existence. Hence, there must be the method of communication adapted to other beings, organic and inorganic, the properties and faculties of which, he has to acquire a knowledge of. Among these properties is that of vibration, and by this, other properties are made manifest. Vibratory action may be very forcible or it may be very weak. In order therefore, to a proper communication being instituted with other material agents, man must have such a sentient organ, as may bear a forcible concussion, or receive an exceedingly delicate impression, as the case may be. And this sentient organ, must be the medium of communication, between the material and the spiritual. Hence, we find a nervous system, and with it, we must expect a physical arrangement, suited to the kind of impression to be made upon that nervous system. The first thing, therefore, we have to look for, is the connecting link, between the physical and the spiritual man. That, we find to be the brain. But from the brain must radiate the avenues of communication with the various properties of matter, each having its peculiar adaptation to the property to be developed to the mind, through the brain. We look for that, and we find in the case before us, a cord called a nerve, becoming affected by certain material agents. A certain nerve is affected when a vibration of some material agent takes place. The sensation produced, we designate by the term audition or hearing. Here then, we have the essential organ. It is the nerve. And the nerve is affected in different degrees, as the the vibratory action is forcible or weak. To determine this, nothing more is absolutely requisite than the nerve. But for man, with such a soul as he has, something more is requisite than the mere degree of *force* in vibration. From what direction does it come? What is the specific thing that produces the vibration? Then, he has also a soul for music. He has in that soul, the laws of melody and harmony. Now then, we look for something to modify the nervous sense, and to convey impressions suited to the education of the soul.

Here then, we have the necessity of what is termed the labyrinth, composed of the bony structure with its membranes,

sacs, fluids, septa, &c, among which the auditory nerve expands itself. It is this, and this only, which is to be considered essentially the ear. The tympanum, the ossicula, the eustachian tube and the auricle, are only auxilaries, useful, but not positively essential to the sense of hearing, or even to some extent, the variations of sound.

As without the nerve it would be impossible to hear, so it must have the first place in our consideration.

The *sensorium* is composed of a number of *sensory ganlia*, congregated about the juncture of the brain and spinal cord. Among these, the *auditory ganglia*, being immediately beneath the fourth ventricle, are the seat of audition. From several white striæ, in the grey matter on each side of the *calamus scriptorius*, in the restiform bodies, arise the nervous filaments, which constitute what is called the *portio mollis*, of the seventh pair of nerves. These pass around and outside of the restiform bodies forwards to accompany the *portio dura* of the seventh pair, which in its origin, is inward and anterior to the origin of the *portio mollis*. The *portio mollis* being larger than the *portio dura*, receives within it the latter by a groove, the two being partially separated by a small artery destined for the internal ear. The associated nerves (*facial and auditory*) then pass outwards to the *meatus auditorins internus*, in the temporal bone. In the meatus, a few filaments pass from one nerve to the other. This meatus is directly opposite to the external meatus, so that a line passed from one *meatus externus* to the other *meatus externus*, will pass through each *meatus internus* longitudinally. The meatus internus is about the fourth or third of an inch long. It terminates in a *cul de sac*, perforated with a number of foramina. The upper anterior of these, is the entrance into the aqueduct of fallopius, which here receives the *portio dura*, or *facial nerve*. The posterior admits to the vestibule, and transmits filaments of the portio mollis. A prominence of the bone separates these from the lower foramina, which form a cribriform plate, through which the auditory nerve, dividing into branches, passes to the cochlea of the internal ear.

The aqueduct of fallopius, takes its course through the petrous portion of the temporal bone horizontally, from the termination of the *meatus internus*, toward the inner wall of the tympanum, i. e., forwards and outwards, between the cochlea and the vestibule. It then turns suddenly backwards, above the fenestra ovalis, towards the pyramid. Opposite the py-

ramid, it is arched downwards behind the tympanum, to the stylo-mastoid foramen. This aqueduct, the facial nerve follows, and at the bend above the *fenestra ovalis*, it is said, there is a reddish gagliform enlargement, where it is joined by the large superficial petrosal branch of the vidian nerve (which is a nerve from a branch of the fifth pair, and which enters the temporal bone on the anterior surface of the petrous portion). At this bend also, there is a junction with a filament from the small superficial petrosal branch, derived from the tympanic nerve, and with the external superficial petrosal nerve, furnished by the sympathetic accompanying the middle meningial artery.

Below the level of the pyramid, the facial nerve gives off the *chorda tympani*, which enters the tympanum by a short canal, close to the ring of bone, to which the membrane of the tympanum is attached, at the internal extremity of the meatus auditorius externus. The nerve crosses on the membrane, and inside of the handle of the malleus, curving to a foramen, above and anterior to the malleus on the ring, and curves down at the inner side of the glasserian or glenoid fissure, not far from its center, through which it passes, and then lying beneath the external pterygoid muscle, inclines obliquely to the *gustatory* nerve, (ninth pair) and finally ends in the submaxillary ganglion. This nerve is the motor nerve of the lingualis muscle, and is supposed by Carpenter to supply some condition, requisite to the sense of taste. (principles, p. 718) He speaks of it, as a branch of the seventh pair. But the chorda tympani, is said by John Hunter and by Horner, to originate from the fifth, and not the seventh pair—to be a branch of the pterygoid nerve—that it is the vidian nerve continued—and that it enters into the vidian foramen, and thereby joins itself to the *portio dura*, or facial nerve of the seventh pair.

There are probably filaments of the vidian nerve, after its union with the *portio dura*, and also of the *portio dura* itself, which are distributed in the ear, for purposes of both sensation and motion.

We now return to the point where the portio dura separates from the portio mollis, at the *cul de sac* of the internal meatus. But in order to understand the distribution of this nerve, we must premise, that in the internal ear, there are three important divisions, viz., the vestibule in the center, with the cochlea anterior, and outward to it and the semicircular canals posterior and inward.

The vestibule is a chamber, lying partly between the posterior half and the internal meatus and the tympanum, but extending beyond the partition between itself and the internal meatus, posteriorily. In its antero-posterior diameter, it is about the fifth of an inch; vertically about the same; but its inward and outward diameter, is not more than the tenth of an inch. It is very irregular in shape, but mainly in three rounded protrusions, one below, one upward anterior and outward, and one posterior and inward. From this vestibule, outwardly and posteriorly, and about half way between its inferior and superior walls, passes outward from near its inner and posterior wall, a canal, which forms horizontally, two-thirds of a circle, and opens into the vestibule again by an ampulla, near its anterior outward or tympanic wall. Another canal commencing above the commencement of the first, passes curvingly upwards, and soon divides into two branches, the one passing from behind and inwards, forward and outward, opens by an ampulla into the vestibule just above the ampulla opening of the horizontal canal, i. e., near the antero-outward or tympanic wall; the other branch forms a right angle with the first branch, and curving postero-outward, enters the vestibule by an ampulla, below the commencement of the horizontal canal. There are therefore, five openings in the postero-outward wall of the vestibule, three posteriorly and two anteriorly, and there are two ampulla anteriorly and one posteriorly. These canals are called semicircular, but they are more than semicircles, their diameter being about a third of an inch from outside to outside of the circle. The superior vertical canal, whose curve is backward, forward, and upward, makes a distinct prominence in the superior surface of the petrous portion of the temporal bone. The posterior vertical canal curving outward and backward, has its plane parallel with the posterior surface of the petrous portion of the temporal bone. In the vestibule there is a membranous sac, nearly filling its upper part, which extends itself through the three canals. Below this sac, and attached to it, is another sac not quite so large, and having no communication one with the other. These membranous sacs and canals, float in what is called the peri lymph, and contain within them what is called the endolymph. There is also a deposit of *otoconites* (in plain English, *ear stones and ear dust*), in these sacs and in the ampulla of the canals. This stone or dust, is suspended in the nervous matter, which floats in the endolymph.

What part it plays in audition is not known, but as it is common in the mammalia, it is presumed to be of importance.

The cochlea is the third important division of the labyrinth. This is a spiral canal of two turns and a half around a central hollow column or cone, called the *modiolus*, because of its posterior being like to the nave of a wheel. The base of the cochlea is directly anterior to the outer or vestibular end of the *meatus internus*, and its apex points forward. Looking through the *meatus externus* in a skull bone, the promontory between the fenestra ovalis and the fenestra rotunda, appears distinctly in the inner wall of the tympanum. This promontory is the beginning of the cochlea. From the end of the promontory to the inner margin of the cochlea, is the half of an inch; from the inferior margin to the superior margin of the cochlea, is four-tenths of an inch; from the base to the apex is two-tenths of an inch. This spiral canal, is divided into two parts, in its whole length by a partition, partly bony and partly membranous, forming two canals which open into each other at the apex. This double canal diminishes in calibre as it approaches the apex. One of the divisions opens at the beginning of the cochlea into the tympanum, by what is called the foramen rotundum, or fenestra rotunda, and the other into the vestibule, just within the *foramen rotundum*. The cochlea has the same fluid, and is lined by the same serous membrane which is common to the other parts of the labyrinth.

Within these cavities of the labyrinth, the portio mollis distributes itself in the same semi-fluid form, as appears in the case of the optic nerve, forming the retina. It distributes itself over the membranes within and without the sacs, and membranous canals, and floats in the endolymph and perilymph. Upon this, the vibrations of the external medium act through the motion given to the fluid of the labyrinth, producing sound with all its varieties of degree and harmony. Taking my observations from the ampulla, the query has arisen in my mind, whether they do not indicate the course of the vibrations. It is generally, if not always presumed, that the motion of the fluid in the vestibule, is transmitted through the semicicrular canals, beginning at the ampulla. May it not be that this movement commences in the canals at the opposite end, and thus, by the resistence offered in discharging itself again into the vestibule, enlarges the canal at that point, or rather does not nature provide this enlargement to meet this resistence? At the same time there is this mo-

tion of the fluid in the semi-circular canals, from the same cause, viz., the vibration of the fluid in the vestibule, there must be a movement given to the fluid in the division of the cochlea, leading from the vestibule. But there is also a motion communicated from the tympanum, by the membrane of the *foramen rotunda* to the fluid, in the other division of the cochlea, meeting at the apex, the flow from the vestibule, and thus, we find at the apex an enlargement of the canal, forming what is called the *infundibulum* and *the cupola.*

In order to get a correct idea of the relative position of these various parts of the labyrinth, we may make an artificial partition or section.

Hold the skull as nearly level as you can. Drop a plumb line from the level of the top of the head, so as to pass through the center of the meatus externus, on each side of the head. On sawing the head down by this line, it will divide the head into the anterior and posterior parts. In the anterior division will be two-thirds of the tympanum, all of the cochlea, and one third of the meatus internus. In the posterior division, will be one third of the tympanum, all of the semicircular canals and vestibule, and two-thirds of the meatus internus. The line or section, will cut into the anterior edge of the horizontal semicircular canal, and pass along through the anterior edge of its ampulla, and of the ampulla of the vertical canal, and will leave the angle of the aqueduct of fallopius, at its junction with the vidian nerve, in the anterior division, but the commencement and termination in the posterior division, much the larger portion of the aqueduct being in the posterior division.

To this line, the interior wall of the tympanum, facing the external meatus, will form a very obtuse angle, going from it anteriorly and inwardly, and being continued, will form the interior wall of the eustachian tube, so that a wire passing into the external bony meatus, at its back wall, and directed forwards and inwards, would proceed in a straight line through the eustachian tube.

In considering diseases of the labyrinth, I leave out malformations, and those diseases which are mere extensions of lesions from other parts, as caries of the bone, inflammation of the dura mater, loss of the membranes of the fenestra ovalis and rotunda, arising from disease of the tympanum &c. &c.; and I confine myself entirely to those which originate in the labyrinth, and in the nerves which supply it with power.

According to the tissues, we might arrange the diseases into *neurotic serous* and *osseous.*

I. *Neurotic diseases* Those which originate in the portio mollis, and those which originate in nerves of general sensibility.

1. The portio mollis is the acoustic or auditory nerve—a nerve of special sense—the sense of hearing. It has no other use and no other power. Nevertheless, it is probable it cannot use this special power, if the nerve of general sense lose its power. It must, therefore, be a question of some consequence, whether the disorder or disease, be in the one or the other. If the nerve of general sense be in a normal condition, we may nevertheless, have the acoustic nerve, the portio mollis of the seventh pair, in an abnormal state. This may be either *erithitic* or *torpid.*

*First.* Erethitic. This may be simple excitement, arising from anxiety to hear; or it may be from an inflamed condition of surrounding parts. Whether the nerve is capable of feeling anything else, than the vibrations producing a sense of sound, I think doubtful, since *no neuralema* has ever been traced upon the *portio mollis.* If so, it is incapable of suffering pain. But in simple excitement of the nerve, there may be a distressing anxiety manifested, in the effort to listen. And in an inflammation of surrounding parts, it may be heated into an excitement, producing a drum-like or roaring sound. This, perhaps, is the beating of arteries against the parietis of the ear. This continued, would probably produce.

*Second.* The *torpid* condition. This is a loss of nervous energy, either from the cause just stated, or from concussion of the brain, or from a stunning or long continued sound or protracted disuse. It corresponds with amaurosis of the optic nerve. In diminished power of the nerve, there is a *tinnitus* or ringing sound, as may be observed immediately after receiving the very loud report of a cannon. There is also, *dysecoa* or difficulty of hearing. In a complete loss of power, there is of course, complete deafness.

2. The nerves of general sense may be the seat of the affection. These would be branchlets of the fifth and seventh pairs.* If these be in an erethitic condition, there will be pain. This is what would be termed neuralgia of the ear. On the other hand, there may be paralysis, and of course no

* The small cord of the seventh pair, lying between the portio mollis and the portio dura, is supposed to be a nerve of sense.

pain; but there would be deafness, althongh the acoustic nerve itself, may be in a sound condition, from the fact, that the general sensibility of the organ, is essential to the exercise of the special sense. Deafness may also supervene from the erethitic condition, because of the exquisiteness of the sensibility, producing a paralysis of the acoustic nerve.

Now, If I be correct in these pathological distinctions, the importance of being able to diagnosticate between the nerve of general sensibility, and that of special sense, must be ob vious.

If there be deafness, and yet no pain, it must be paralysis either of the nerves of general sensibility, or of the *portio mollis*. But if it be parylysis of the nerves of general sensibility, there would probably be a paralysis of other parts, besides the ear, which would be distinctly manifest, in the general sensibility of the side of the head and face. If only the *portio mollis* be paralysed or torpid, there will be simply deafness, without any other manifestations.

But if there be pain, then it is evident that the seat of the affection is not primarily in the auditory nerve. It may be cured, and hearing may be restored before the effects upon the acoustic nerve, result in permanent torpidity or paralysis. If on the other hand, there be deafness without pain, and there be no other signs visible, I should regard the case more hopeless than amaurosis. I should try electricity or galvanism.

In simple neuralgia, without inflammation of associated tissues, we should treat the case upon the same principles we would neuralgia in any other part; modifying it, according to the general or constitutional condition of the patient, and the characteristics of the special organ treated. Quinine, arsenic, stramonium, carbonate of iron, &c., are the internal or constitutional remedies. A large horseshoe magnet might be applied to each meatus auditorius externus.

II. *Serous disease.*—There may be inflammation of the membranes of the labyrinth. The membrane is sometimes found much thickened, and the waters turbid, giving evidence of an inflamed condition. Here we have what may be termed serous otitis, to distinguish it from inflammation of the lining membrane of the tympanum, which should be termed mucous otitis. In this affection, the pain would be intense, darting through the ear, accompanied with tinnitis aurium, and great intolerance of sound. The pulse would be quick and tense, and the tongue white. These symptoms would distinguish the affection from mucous otitis, in which

the tongue would be yellow, with red edges, or red all over, and the pulse comparatively soft.

The constitutional symptoms must be met with purgatives. I would prefer those, which would act chiefly upon the mucous tissue. Apply leeches to the temple, and a blister over the mastoid process.

III. *Osseous disease.*—There may be inflammation of the periosteum. There may be ulceration of it extending to the substance of the bone. But of this branch of the subject, I know little or nothing. It is not probable, that any disease of bone, set up in this deep seated structure, could be met by any remedial agent, and the investigation of it, could only be of interest for diagnostic and prognostic purposes.

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## *Non-fatal Accidents from Anæsthetic Agents, with Observations. Read before the Medico-Chirurgical Society of Cincinnati.* By W. H. MUSSEY, M. D.

Recently, in one of the courts of justice in Paris, two surgeons were condemed to pay a fine (merely nominal) for allowing a patient to die under the effects of chloroform. The court sustained the following allegations, and hence its decision.

1st. That chloroform was unnecessarily administered, as the operation to be performed was not of sufficient magnitude to justify its employment.

2d. That the room was not sufficiently ventilated.

3d. That no provision had been made against accident.

In view of the last point, the very natural question arises, What precautions against accidents should be taken by those administering anæsthetic agents?

One answers, that no death has occurred from the use of sulphuric ether, and therefore there need be no apprehension from its administration; another has never *heard* of a death from the chloric ether, and claims for *it* great advantages over other agents; whilst the advocates of chloroform attribute all accidents to the *impurity* of the article.

It is not my purpose to discuss the comparative merits of these agents, but I am persuaded that each, however pure it may be, will meet with idiosyncracies forbidding its administration.

In death from anæsthesia, there is suspension of respiration from paralysis of the nerves presiding over this function, and

consequently, suspension of the heart's action. To reanimate, Mr. Jobert de Lambelle (of l'Hotel Dieu) counsels the use of irritants to the skin, currents of air passed over the body, excitants applied to the tongue, cauterisation of the mouth and throat with ammonia and currents of electricity. M. Ricord remarked to me, that artificial respiration alone, if persevered in, would prevent fatal results, and instanced three cases in his own practice, which were saved by that procedure.

The following case will illustrate the value of the suggestion; but first a word as to the agent employed, and means of its administration. We have used for four years the mixture of one part (by measure) of chloroform, and two parts of washed sulphuric ether, both of which are from the manufactory of Messrs. Powers & Weightman, Philadelphia. The vehicle for administration is a large silk handkerchief (an old bandanna) of very loose texture, which has been used for this purpose solely for four years. This is shaken out of its folds and gathered lightly in the hand, and usually a fluid drachm of this mixture is put upon it, and it is held lightly over the face, covering the nose and mouth. If there is much irritation of the lungs, the handkerchief is removed from time to time till it ceases, and when the patient is sufficiently quiet for the commencement of an operation, we not unfrequently add a little fresh material, and leave the handkerchief upon the face for a few minutes.

JUNE 6th, 1852.—Michael O'Hara, native of Ireland, emigrated seven years since; is 27 years of age, of sanguine temperament, full habit, capacious chest, has great muscular development, and weighs 170 pounds. Once in two or three weeks drinks freely of whiskey for two days, and works steadily in the intermediate time. Had a "spree" for two days last week. Eight months since, was working under a bank of earth, which caved upon him and injured his back, since which, has had incessant pain in the lumbar portion of the spine, notwithstanding internal medication and the application of cups, blisters, and irritating ointments; now, pressure over the third lumbar vertebra produces pain.

15th.—Propose to apply the actual cautery over the spine.

16th, 8 o'clock, A. M.—At the patient's lodgings, an Irish lad of 16 years present with us. Patient has eaten nothing for 13 hours; is lying on his back in a room ten feet square; the head of the bed is under an open window, and at the foot, the door stands open. Circulation full and strong, with 80 pulsations per minute. Commenced the administration of

the mixture of chloroform and ether. The first approach of the handkerchief to the face caused slight coughing, which soon subsided. In four minutes the patient became very loquacious, jabbering in Gaelic, and made great muscular exertion, (usually the case with Irish patients), and muscles became rigid; pulse 70. The handkerchief was removed for 30 seconds; the muscles relaxed; the respiration became disembarrassed, and pulse 65. Inhalation was resumed and continued for one minute, when I considered the effect nearly sufficient. Pulse 60, full and regular. Putting half a fluid drachm of the mixture upon the handkerchief, I left it upon the face, and stepped below stairs for the heated iron, leaving the lad with the patient. (The iron was in a stove 25 yards from the bedside, and I found subsequently, on going over the ground with the same expedition, that I was absent from the room forty seconds.) On my return the wrist was pulseless, and the action of the lungs and heart entirely suspended. I shook the patient, dashed water in his face, turned him upon his side, then upon the back again, gave various positions to the head, pressed upon the chest to expel the air from the lungs and allow fresh air to replace it. This was kept up for one minute. I then placed myself on the bed at one side of the body, and with my own mouth upon that of the subject, inflated the lungs, then expelled the air by pressure upon the chest, and allowed the pure air to take its place; this in turn was expelled, and the lungs again inflated by my own. In this manner I kept up artificial respiration for the space of three minutes, every alternate inflation being from the atmosphere. Suspending these efforts for a few seconds and seeing no signs of life, I despatched the lad for a professional friend, and resumed artificial respiration. After one minute, I thrust my finger into the throat, and agitated the epiglottis, in hopes to provoke a spasm of the glottis, but without success. Continued artificial respiration for another minute, and a second time thrust my finger into the throat with no better success. Artificial respiration for half a minute, and a third time thrusting my finger into the throat, but deeper than before, so as to penetrate between the cords of the glottis, I suddenly withdrew it, but immediately repeating the movement with greater violence, the much wished-for "spasm" grasped my finger, and there was a slight quivering motion of the chest. Artificial respiration resumed, and in two minutes the patient had no need of my assistance.

He was still insensible, but the application of the iron,

which was re-heated, partially aroused him. Five minutes after, he was perfectly sensible, complained of great weakness, but had no idea of the peril he had passed through. Half an hour later he seemed as well as patients ordinarily are after the use of chloroform, and subsequently there were no unusual symptoms.

The amount of the mixture used on this occasion was six fluid drachms—two of chloroform and four of ether.

There was no pulsation of the heart, or respiratory movement for seven minutes.

Reanimation is attributable to artificial respiration and irritation of the glottis.

*Cincinnati*, Sept. 20, 1853.

Since preparing the foregoing, I have witnessed another case of the unfavorable effects of an anæsthetic agent.

Mr. L., farmer, aged 49 years, height five feet ten inches, moderately fleshy, and of lymphatic temperament.

OCTOBER 12th, 11 A. M.—Patient in the horizontal position; has not eaten for 17 hours; pulse 95 per minute. Commenced the inhalation of the mixture of chloroform and ether. There was slight irritation of the lungs at first, which occasioned some delay. At 11 o'clock, 10 minutes, partial anæsthesia; respiration easy; pulse 80. One minute later, the pulse suddenly dropped to 60, and I removed the handkerchief. There was but little respiratory action; the muscles of the chest were quiet, and those of the abdomen moved feebly. Pulse rose to 18 for a quarter of a minute, and immediately fell to 13. The movement of the abdominal muscles ceased, but only one respiratory movement was lost, as with one hand I opened the mouth, and with the other made pressure upon the chest. Three movements of this kind gave sufficient impulse to the respiration, and no farther assistance was necessary. The pulse steadily improved. A little water was thrown in the face, and the patient returned to consciousness ten minutes after, and for several days he complained of great weakness. Eight days subsequently, with great composure, (without anæsthesia), he submitted to the extirpatoin of a large tumor of the neck, previous to which I ligated the primitive carotid artery.

Six drachms of the mixture were used.

The facts in this case strengthen the position assumed in connection with the other, viz.: that the derangement of the circulation is consequent upon impaired respiratory action.

My father, Dr. R. D. Mussey, informs me, that a year since, on account of untoward symptoms similar to the above, he was obliged to postpone an operation which was subsequently performed without anæsthesia.

In March, 1849, we were near losing a patient, from the unskillful management of chloroform by a non-professional bystander; and not long after, we tried the mixture of chloroform and ether, and have used no other anæsthetic agent since, under the opinion that the ether sustains the vital powers against the purely sedative effect of the chloroform. Experience has taught us, however, that there is liability to accident from its use.

I am constrained to believe, that a frank avowal of the profession would create astonishment at the great number of non-fatal accidents that have occured, and that the details would aid in the establishment of principles for conduct in its administration, and serve to throw around the sale and use of anæsthetic agents, such guards as would protect the community from their direful effects. Even in Edinburg, where it is claimed, that in a hundred thousand cases where chloroform has been used, not a single accident has occurred; *untoward symptoms have compelled the suspension of the use of the article*, (as I was informed by an assistant of Dr. Simpson), which the operators profess to be able to trace to the *impurity* of the agent employed.

My attention has just been called to the researches of Prof. Horsford, of Cambridge, Mass., (*Bost. Med. and Surg. Journal*, Oct. 19), and to a paper in the *Am. Journal of Medical Science* for Oct., from Dr. Bickersteth, of Liverpool, to which I refer as corroborative of the positions herein assumed, viz:

*First.* That accidents from anæsthesia are generally attributable to idiosyncracies in the subjects.

*Second.* That derangements of the circulation depend upon the disturbance of the function of respiration.

*Third.* That artificial respiration is the most valuable of all means for counteracting dangerous symptoms.

*Oct.* 25, 1853.

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*Tracheotomy for Foreign Body.* By W. H. MUSSEY, M. D., Cincinnati.

John Wildey, aged 7 years, son of German parents, residing four miles from the city. At 12 M., August 8th, while eating soup, was seized with a violent fit of coughing, which

was followed with great difficulty of breathing, and inability to speak above a whisper. He was brought to my office at 10 A. M. the next day, (twenty-two hours after the accident), in a state of great prostration; skin purple, and great distress depicted upon the countenance. On examination, I recommended tracheotomy as the only chance for relief. Whilst the mother was undecided, my friend, Dr. Christopher Johnston, of Baltimore, very opportunely called, and joined in urging the importance of prompt action. When it was evident that the boy could not long survive, consent was given, and as we laid him upon the operating table, he swooned; the stroke of the knife, however, aroused him to vigorous struggles till the trachea was reached, when he swooned again. The cricoid cartilage and two rings of the trachea were divided, but the admission of air to the lungs did not produce reaction. With a bi-valve ear speculum, the lips of the wound were separated, and the treachea found to be loaded with mucus. Placing my mouth over tne orifice, I removed a large quantity of mucus and blood, and then introduced a tube; still there was no respiratory movement. I then commenced artificial respiration, by inflating the boy's lungs from my own, and producing expiration by pressure upon the chest, then allowing the ingress of air from around us. In this manner was artificial respiration maintained—the ingressions of fresh air alternating with the inflations from my lungs, and the expirations assisted by pressure upon the chest—occasionally, as at first, the air passages being cleaned from the mucus and blood that accumulated. After five minutes, the respiration appeared voluntary, but soon flagged, and it became necessary to continue the assistance, at short intervals, for a half hour, before consciousness returned, and we felt safe in trusting the natural efforts. All this time, Dr. Johnston was most assiduous in the application of various stimulants to the skin of differents parts of the body.

Supposing that the obstruction was in the larynx, we passed a probe through the wound and fauces, and out at the mouth, carrying with it a couple of threads. To each was attached a small bit of sponge, and as the first was drawn up through the glottis, the patient was cautioned not to "swallow," but an involuntary act of deglutition carried down, as we supposed, whatever cause of obstruction had existed, as the second sponge was drawn through much more easily, though larger than the first. The tube was replaced, and at 2 P. M. the patient was carried to lodgings in town.

Twenty-eight hours after the operation, the patient complained of pain on the right side of the neck, particularly on a level with the thyroid cartilage, where there was considerable tumefaction. Five leeches gave relief.

So abundant was the secretion of mucus for two days, that it was necessary to remove the tube every six or eight hours, to clean it, and to exercise the patient in coughing to clear the bronchial tubes. On one occasion of this "exercise," at 11 A. M. of the 11th, a chip of bone was coughed out of the opening in the trachea. Its center was the sixteenth of an inch in thickness, and its edges sharp. The longest diameter was thirteen-sixteenths of an inch, and the greatest width half an inch. The secretion greatly diminished, and on the fourth day the tube was removed, and the wound gradually closed up, with the aid of adhesive strips after the tenth day. The patient could speak audibly on the 15th day; and the wound was entirely healed five weeks after the operation.

*Cincinnati*, Oct. 1853.

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*Report of a Case of Dysentery.* By A. T. KEYT, M. D., of Walnut Hills, Ohio.

Mr. Leopold, aged about 23 years, student at *Lane's Theological Seminary*—hitherto healthy, and apparently of good constitution—was taken, July 5th, 1853, with the usual symptoms of dysentery. When I was called, 12 hours after the attack, found patient up and walking about. He was with some difficulty prevailed upon to go to bed, and keep quiet. There was nothing in the symptomatology to indicate a particularly severe form of the disease. As the case progressed, there was a gradual aggravation of the symptoms; the tormina and tenesmus became more intense; the stools more frequent, which latter were of the usual dysenteric character. At times there was some fever, though the skin for the most part was moist, and of natural temperature. The pulse throughout was small, and generally weak. Tenderness, though not of a marked character, over the iliac regions. Thirst great; tongue inclined to dryness. Mind clear, though the intellectual faculties evidently excited.

The above summary will indicate the case up to the fifth day, when the vital powers began to fail. Death occurred on the 6th day of the disease.

The treatment consisted mainly in a few does of calomel

combined with opiates in the beginning, followed up with opiates by the mouth and anodyne enemata.

*Post mortem*, 8 hours after death, revealed extensive disease of the bowels. The mucous membrane of the rectum, colon, cœcum, and considerable portion of the ilium, deeply inflamed, with extensive ulceration throughout the mucous coat of large intestine. The ulcers were deep, though they had not attained much circumference. A tenacious fibrinous substance, in the form of false membrane, was deposited on the mucous coat of the rectum and sigmoid flexure of the colon.

REMARKS.—In the above case, the progress towards disorganization and a fatal termination was most rapid, and there may be said to have been no relation between the symptoms and pathological changes which were so gravely taking place. Not unfrequently cases of this disease present themselves in which the symptoms are marked and severe, and which would seem to point definitely to a profound lesion of the bowels; but the facility with which health is restored by a course of treatment similar to that pursued in the above case, teaches us that the lesion must have been slight and transient. On the other hand, we meet with cases of which the above is a type, in which the symptoms are comparatively mild and by no means diagnostic of the extent and gravity of the disease. It is of great importance to designate these grades of this disease, but I know no means of effecting this, except by time and the effects of remedies; and the knowledge so obtained comes usually too late to be of adequate service in the graver forms.

The books place depletion foremost in the list of remedies for dysentery, yet every practicing physician knows that nineteen-twentieths of the cases passing under the name of dysentery, are treated without this measure, and the per cent. of success from the milder course is very large. It is extremely doubtful whether any course of treatment would have saved the unfortunate subject of the above report; yet the *post mortem* appearances would indicate the antiplogistic as the only rational method. If I could foresee such a case, my reliance would surely be upon early depletion, general and local, with counter irritation to the abdomen. But I suspect such cases will almost invariably resist the best resources of our art, while cases of a milder type tend naturally to a favorable termination, and a cure is easily effected.

*Quinine in Rheumatism.* By J. T. ELSWORTH, M. D., of Princeton, Butler co., Ohio.

My attention was called to the use of quinine in acute rheumatism, by an article in the *Lancet* some months ago. I have used it lately in two cases, with entire success. My last patient, a little girl 5 years of age, was taken some three weeks since, with very severe articular pains in the knees, ankles and phalanges, attended with fever, swelling, tenderness, and a "liver tongue." I saw her first in the evening, and left her a purge of

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| Hyd. Prot. Chlo. - - - - | gr. v. |
| Pulv. Rhei, - - - - - - - | gr. x. |

Also the following:

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|---|---|
| Quinine Sulph. - - - - - - | ʒj |
| Pulv. Doveri. - - - - - - - | gr. xv. |

Divided in eight powders, to be given as follows: One every three hours after the operation of the cathartic. On the following evening I found her some better, and the next morning she was walking about the room, complaining only of a little soreness of the joint, which in the course of 48 hours had entirely subsided, and she has not experienced any pain or soreness since.

I send you these remarks, which, if you think them worthy a place in your journal, insert them.

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*On* DR. WEHN'S *Method of Turning.* By J. S. UNZICKER, M. D., of Cincinnati.

Some years ago I gave a translation of Dr. Wehn's method of turning, in the Western Lancet. It differs from the old way of turning.

1st, By placing the patient on her knees and elbows, until one foot is brought down.

2nd, By tieing the umbilical cord before it is compressed by the head, and deliver afterwards.

This way of turning is undoubtedly more safe to the child, less painful to the mother, and easier to the operator than the old plan. Of this I am now so well satisfied, that I should consider myself guilty of malpractice, were I to turn again according to plan as laid down by the books.

I have turned thirteen cases within the last three years, a few of which I will here recite:

CASE 1.—Mrs. A., age 35.—At my arrival, the midwife informed me that the patient had been in labor 36 hours, and that about 24 hours ago, the liquor amnii had escaped, and that her pains had been very severe all this time, but that the child would not come down. After a careful examination I found the left shoulder presenting, and prepared for turning by placing the woman on her knees, and elbows, when the pains immediately abated. I had no difficulty in finding the feet, but found it very difficult to turn, on account of the tonic contraction of the uterus around the child. By careful manipulation, I at last succeeded in bringing down one foot. I then placed the patient on her back, when the pains immediately returned, bringing down the breech. Then reaching up with my left index finger and gently bringing down the umbilical cord, which was immediately tied, and the head was born 10 minutes after. The child is now living, a fine boy two years old.

CASE 2.—Mrs. D., age 23.—Found right arm and cord presenting. Liquor amnii had escaped a few minutes before my arrival. Finding the cord yet pulsating, I prepared to turn, but fearing that the cord might get braced, I ligated it immediately, then bringing down one foot and delivered the child alive.

CASE 3.—Mrs. R., age 33, with narrow pelvis.—This person I had delivered twice before unsuccessfully. The first child was born dead, after a severe and tedious labor of 36 hours. The second child I delivered with the forceps, but also dead. When I was called the third time to deliver this person, I determined to try turning, before the patient was debilitated by the severe pains which she had always to suffer before. As soon, therefore as the os uteri was sufficiently dilated, I turned without difficulty, tied the cord as soon as I could reach it, and delivered the head with the forceps. The child is living and doing well.

CASE 4.—Mrs. G., age 26, of delicate constitution.—Had been in labor 18 hours. Pains very feeble. Breech presentation. Her midwife had given two doses of secalæ cornutum, which had no other effect than producing nausea. I then prescribed

℞. Pulv. Rad Colchici, - - - gr. x.
Elaeosacchar. Cinnamon, - gr. xv.
M. in 3 part. divide.

One of these powders was given every 15 minutes, when the

pains increased, and a living child was born, the umbilical cord having been tied like in the previous cases.

These facts but too clearly prove, (the old theory notwithstanding), that the umbilical cord can be successfully tied, before respiration is established. Dr. Wehn's theory regarding it, I have not been able to obtain; but think myself, that the success of his method may be explained in this way: As the head enters the pelvis, the cord is but partially compressed, and the circulation of venous blood in the umbilical arteries becomes checked, while the arterial blood through the umbilical vein, contiuues to be forced towards the child, the brain thereby becoming congested and the child dies of apoplexy. But if the circulation is entirely cut off by ligating the cord before the head presses upon it, the equilibrium of the brain will be retained, and no such consequences follow.

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*Case of Lithotomy*. By M. Z. KREIDER, M. D., of Lancaster, Ohio, assisted by WM. B. HAWKES, M. D. and WM. WILLIAMS, M. D., of Tarlton, Ohio, and reported by WILLIAMS, who attended the case.

The patient was exceedingly thin, weighing about fifty-five pounds, he never weighed over seventy. His adolesece has been, no doubt, retarded by the growing calculis vesical, and irritation which has been increasing from year to year. He is nineteen years and nine months old, stature five feet two inches and a half. His temperament nervous and billious, the latter predominating. He is of the phosphatic diathesis.

He has been suffering for fifteen years with this difficulty, but more especially for the last eight or ten. For six months past so exruciating has been the pain, day and night, that he has had no rest, and many a sleepless night has he caused the family, from his cries and groans; it is said they could be heard several rods.

A few months previous to the operation and up to the time of it, there was more or less purulent albuminous urine, languor, loss of flesh and strength; great pain and tenderness in the loins, and painful micturition. Owing to these violent symptoms there were discrepencies of opinion and doubt in regard to the operation, whether it would better his condition or not, but as the hand of philanthropy is always ready to ameliorate the suffering condition of the human family so it was extended in this case; although from the extreme depression, emacia-

tion and general symptoms, we had reason to aprehend the existence of organic disease of the kidney; or ulceration of the prostate or bladder.

The operation was commenced half past ten A. M., and completed in fifty-five minutes. The great difficulty that took up the time, was the enormous size of the calculus. It appeared to fill up the entire bladder, pressing against the pubes and prostate. It was found utterly impossible to introduce the staff, into the bladder. The operator therefore, cut down on the contact of the staff and stone, the staff being withdrawn, the stone was so large as not to be grasped by any one of the curved forceps, so by elevating it with a scoop, and using a strong strait forcep, the stone with great difficulty was crushed, and with the scoop all the pieces were extracted. When the fragments were dried they weighed five ounces.

The patient was thoroughly under the influence of chloroform during the time of the operation, so that he knew nothing until he was laid on the bed.

Symptoms and treatment:

April 4, 1853, 1 o'clock, P. M., pulse 85; complaining of feeling very feeble, gave sulph. morph, gr. ss. Five o'clock pulse 100. Nine o'clock A. M., rested well all night. This morning the skin is hot and dry, abdomen somewhat swoolen and very tender, especially over the hypogastric and iliac regions; pulse 128; tongue covered with white fur; treatment antiphlogostic.

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| ℞. | Tart Antimo. - - - | gr. ss. | |
| | Nit. Potass. - - - | gr. xxx. | |
| | Sim. Syr. - - - | ʒ. ss. | |
| | Aqua Distill. - - . | ʒ. j. | M. |

One teaspoonful was given every hour, and fomentations to the abdomen.

6th, 9 o'clock, A. M. tongue covered slightly with brownish fur, with the exception of the edges, which are of a pale red; skin hot and dry; pulse 115; tenderness over the abdomen not quite so much nor swelling; rested tolerable through the night from the effects of an anodyne pill; sulp. morph. gr. j. mucil. Acacia q. s. missce et fiat in pilulas tres., one was taken at 8 o'clock, P. M., two small evacuations was procured by a laxative,

7th, 10 o'clock; tongue still brown in the center and a little dry; edges pale red; pulse 126; very little tenderness over the hypogastric region, complains of weakness. Treat-

ment continued in part; prescribed ʒss of sulph. magnes. dissolved in ℥ jss. of infusion of gentian, to be given in aperient doses until the bowels are moved.

8th, 9 o'clock A. M., two small alvine evacuations from the epsom salts this morning. The symptoms pretty much as yesterday. The treatment continues to be antiphlogistic, anodyne and demulcent remedies; the regimen has been rice water; withdrew the canula this morning; quite a severe pain in the head and has had all night.

9th, 9 o'clock A. M., tongue and skin dry; pulse 95; urine discharging freely from the wound; no headache, but tenderness in iliac region.

10th, 9 o'clock A. M., tongne dry and brown in the centre; pulse 108; very restless through the night; gave hyd. chlo. mit. gr. vj. ipecac, gr. ss. jss. opii. gr. jss. misce et fiat in chart. tres., one to be taken every six hours.

11th, 10 o'clock A. M., pulse 88, tongue moist, skin more natural; two small evacuations from the effects of the calomel; rested tolerable through the night; tenderness all left the abdomen; cease to apply the formentations. Prescribed hyd. chlo. mit. gr. ij. pulv. opii. gr. m. f. in chart. quatuor; one to be given every six hours.

13th, 10 o'clock A. M., continuing the prescription with a view to its alterative effects.

14th, 8 o'clock, pulse 90; had a very restless night; a severe pain in the left iliac and hip; great quantities of slimy, albuminous matter discharged from the wound, last night and this morning; one dark evacuation; introduced a gum elastic catheter into the penis, and withdrew it, covered with matter. Prescribed fomentations to the iliac and hip, and an anodine.

16th, 1 o'clock P. M., pulse 100; no pain; tongue and skin moist; bowels moved once; matter still discharging; urine and pus discharged from the catheter upon introducing it.

17th, 10 o'clock, pulse 108; symptoms the same as yesterday; closed the wound with adhesive strips.

18th, 7 o'clock, pulse 90; symptoms the same; urine and pus discharged from the penis all day; in the night the strips came off and the discharge came from the wound; re-applied the strips. Prescribed wine of bark.

19th, 1 o'clock P. M., tongue clean and moist: skin natural; pulse 90; feels quite well; no pain; strips came off; pus and urine passes from the wound; secured more firmly; wine of bark continued.

20th, 7 o'clock A. M., symptoms the same; fetid pus eliminated in great quantities from the penis.

21st, 10 o'clock P. M., pulse 80; urine and matter discharged from the penis.

22d, 1 o'clock A. M., pulse and symptoms the same.

6 o'clock P. M., called in great haste, and found the patient in distress, he had, two hours previous to sending, discharged one quart or more of arterial blood; pulse 60, and languor, and severe pain in loins.

23d, 9 o'clock, pulse 145; mouth and tongue dry; severe pain and swelling over the entire abdomen; some inclination to vomit.

6 o'clock P. M., all remedies have failed, and every symptom prognosticates death. He died on the 24th, at 9 o'clock A. M.

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# Correspondence.

PHILADELPHIA, Oct. 29, 1853.

*My Dear Doctor:*—I have several times taken up my pen to write you, but dared not, as Horace says, "invita Minerva," and especially dared not, while the medical faculty of your city were so uprorious and pugnacious; for I assure you I do not feel like the Irishman, who, being ordered out of a fight to which he did not belong, excused himself by saying that he thought it was a "*free fight.*" You have very brisk times in your diggins. Hope you will have a good time of it.

But to begin at home. We in this part of the world are quite active also. In the professional way, we have had, since my last epistle to you, in the old school an appointment to fill the deceased Dr. W. E. Horner's chair; in the next in age (Jefferson) no change; in the third, (the Pennsylvania) an appointment of one of our ex-professors to the Chair of Materia Medica, the former incumbent of which is now called emeritus, and soon about to be called to a chair in another world. The next school (the Philadelphia) has had tetanus, and escaped instant death, to linger a short time longer—I fear in a miserable condition of debility and inanition. The several abortive attempts to organize new schools, I need not occupy your time with; they have generally failed, and, like thousands of other speculations, lose the name of action.

The summer has been in general healthy, with the exception of a few cases of *Mandarin* fever, which has sent perhaps seventy or eighty persons to their long homes, in spite of the doctors or their medicine.

I see by your pages that you have had a visit from the world-renowned Marshall Hall, who, they say, is now on his way South, to see, face to face, our old friend Dr. Dowler, and be introduced to some of the venerable crocodiles of the Mississippi.

I cannot tell you as yet about the whole number of students in our city. This cannot be known until the catalogues are made out near the end of the sessions. They appear numerous in the streets, but very orderly and attentive at church on Sunday evenings, when sermons are preached to them by preachers appointed to the work.

We have at present, I believe, no grand fights or difficulties in the medical faculty. Of course each school is secretly trying to drag students from every other, and avers that "there is cheating and lying in all schools but ours." But the combat is *sub rosa*, and never occupies the newspapers or medical journals.

Speaking of medical journals, my dear Lawson: did you ever witness such a prolific birth of these things as has taken place during the last year?—and generally sustained, the new ones and many of the old, by the editors themselves—that is, they are published by them. I often look at the rich and sleek bookseller in our city, and then turn to the lean literary doctors, whose names are as familiar to you as household words, and wonder when a generation of common-sense men will rise up and publish their own works, and thus keep the immense wealth which now pours into the lap of their publishers *directly* from the pockets of medical men into their own, and preserve in this way both their dignity and their livelihoods. I do not know how it is, but I never see a wealthy bookseller without thinking of Count Ugolino, in "Dante's Inferno," who you know lived on the brains of the devoted bishop, who had starved him and his sons in the prison at Pisa. It seems as if there must be hawks and buzzards to live on the unwary and inoffensive. But seriously, I should be very glad to see you advocate in your widely-read *Western Lancet* the formation of a "Medical Publication Society," the members of which should be medical men exclusively. Let it be organized in such a manner that the profits of medical works should *all* accrue to the authors, instead of the pal-

try pittance now paid to them by the cormorants of the book trade. Indeed, in many cases, nothing is paid at all; and I know of several good works now in manuscript, by good and and tried writers, which cannot be published, because these gentry (the booksellers) are not certain that they will pay. One great source of the wealth of the medical bookseller in the Atlantic States, is the publication of foreign standard works, which are praised *ad nauseam* by hired annotators, or young fledglings, who are glad in this way (putting their names to the books) to send their names abroad, forgetting that notoriety is not fame, and obsequiousness not originality. Our own authors are necessarily depreciated by this band of money-making vampires. They must elevate their cheaply gotten foreign books above works on the same subject by native authors. Do, dear Lawson, take this matter up, and give some of our middle-men—nabobs—a lecture and a lesson in honesty and patriotism.

Yours, truly, J. C.

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# Reviews and Notices.

*Hallucinations; or, the Rational History of Apparitions, Visions, Dreams, Ecstacy, Magnetism and Somnabulism.* By A. Brierre de Boismont, Docteur en Medicine de la Faculté de Paris, Directeur d'un Etablissment d'Alienes, Chevalier des Orders de la Legion d' Honneur et du Mérite Militaire de Pologne, Lauriat de l'Institut et de l'Academie Nationale de Medicine, Membre de Plusieurs Societes Savantes, etc., etc., etc. First American, from the Second Enlarged and Improved Paris Edition. Philadelphia: Lindsay & Blakiston, 1853.

This work is the result of much thought, labor, and research, presenting to the reader a history of hallucinations in their various and curious forms, as they have appeared affecting individuals, or in their wider range of influence over families, communities, nations or ages. The author, we think, has been exceedingly judicious in his judgment in drawing a proper line of distinction between the hallucinations of disease, or that state of excitement of the immagination so frequently

exhibited in the acts and writings of enthusiasts and fanatics' and those sacred revelations and heavenly visions that form the basis of our faith in the Christian religion. The ground over which he has traveled in search of scientific truths is dangerous in the extreme; for there are few who have passed in the same way that have not fallen into the gulf of atheism or infidelity on the one hand, or into the loathsome bogs of superstition on the other. But M. Brierre de Boismont has performed his task with a firmness of nerve and steadiness of direction towards a scientific purpose, that will free him from a charge of falling into either of these fatal errors. His style has the elegance and fluency of a fascinating romance, and his subjects, and the relation of cases are captivating, from the gratification they afford to our natural love of the wonderful, while they are so arranged and classified as to elucidate some of the most curious traits of the human mind.

For sale by Jacob Ernst.

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# Progress of Medicine.

## GERMANY.

*Three Cases of Albuminaria Amaurotiæ, communicated by Prof.* Sheil, M. D., *Physician to the Island Hospital at Berne, Switzerland. Taken from the German Klinick.*

Ambliopia, rapidly advancing towards complete amourosis, observed and dwelt upon by Zaudowzy, presents one of the most interesting symptoms of that renal degeneracy, which is accompanied by albuminarious urine. I call it albuminaria amourotiæ, because the affection of the optic apparatus appears to me to be most important, though insusceptibility of the auditory nerve may be present at the same time; for the latter, bargœvia, may be entirely absent, or be characterized, if coexisting, by a greater or lesser degree of security; amaurosis, on the other hand, runs through its course without showing any abatement; difficulty of hearing, moreover, is never so completely *established* as the amaurosis. Though not occurring frequently, still amourosis constitutes a symptom of great

importance in albuminaria,—and, in a prognostical point of view, its signification must be looked upon as of very unfavorable import. By communicating, therefore, three cases of amaurosis combined with albuminaria, observed within a period of five months, in Professor Vogt's ward, I think to undertake something useful to the profession. The first case came to my knowledge by the kindness of Mr. Stettler, the assistant in the ward of medical clinics. The history of the second I owe to Mr. Berry, a medical student; I was, however, present at the post mortem examination. The third I had occasion to observe myself.

Case I.—Elise F., a country girl, 19 years of age, was admitted on the 26th of August, 1852. The girl belonged to a family, in which tuberculosis seemed to be hereditary, the father and a sister having died of phthisis. In her 15th year the menses came on for the first time, returning afterwards frequently and with copiousness, and last year a real metorhagia had taken place. Last spring she was for some time confined to her bed by sickness, probably by rheumatism. Since then she has not felt well at any time. In the course of the summer she suffered much from attacks of headache, which, within the last five or six weeks, were returning frequently, and always with increased severity. About ten days ago, the sight suddenly began to fail without any sign of inflammation or pain in the eyes; mists or clouds formed before the eyes, especially before the right one, while the headache continued unabated, being, however, felt more severely in the left temporal region.

The system of the patient shows, on her admittance into the ward, a high state of anæmia. The sight of the right eye is completely lost; in the left there is yet some susceptibility of light. The pupils are greatly dilated, but no other morbid symptom is to be observed. Digestion and respiration are normal; the pulse small and frequent. She voids urine in ordinary quantity, but it is albuminarious. With the exception of a slight œdematous swelling of both hands and some bloatedness of the face, no other mark of hydrops can be noticed.

The patient, obviously suffering from an attack of Morbus Brightii, had pills prescribed Iodate of Iron. After taking this remedy for several days, a chill set in on the evening of the 21st of August. Vomiting had occurred but once. The next morning the swelling of the hands and face increased; she felt a sensation of pressure in the eyes, had four evacua-

tions from the bowels, and discharged 8 pints of urine in the course of 24 hours. The next 24 hours she took acetate of potassæ with one scruple of iodate potassæ and laudanum, from time to time administered on account of the diarrhœa. On the 3d the catamenial discharge commenced to flow copiously, the swelling of the hands and face continued to increase, the patient complaining of great weakness and of pain in the throat and ears. On the first of September the discharge of urine was reduced to 2 pints. In the course of the succeeding days vomiting took place, occasionally accompanied by heat of the head. To meet this indication she took calomel and a blister plaster was put to the back of the neck. The left eye had now become as blind as the right; the œdematous swelling continued, gradually extending over the whole surface of the body. Difficulty of breathing set in on the 6th, and on the 7th real orthopnæ made the condition of the patient painful. Occasional aberrations of mind, swoons and clammy perspiration, called for the exhibition of Liquor Amonii ascitatus, but death followed the next day.

*Post Mort.*—Slight injection of the arachnoidea, and moderate effusion in the subarachnoidal space. Some fluid in the ventricles. The brain itself very anæmic and softened, the softening more especially to be noticed at the corpus callosum, on the surface of the ventricles, and at the optic thalami. The optic nerves easily yield to pressure of the fingers. Both thoracic cavities and the pericardium contain a considerable quantity of serous fluid. There is œdema pulmanum on both sides, especially at the superior lobes; the heart normal. The digestive apparatus presents no morbid alteration, excepting the spleen, which appeared to be of a firmer texture. As regards the kidneys, no striking change of their structure has taken place; a slight deposit is observable, but no marks of hypertrophy of the vascular substance. The process of degenerating in the kidneys appeared to be arrested, the right kidney, however, being more inflamed than the left.

Case II.—Henry S., a shoemaker, æt. 27, laboring under an attack of amaurosis, applied for admittance into the hospital on the 22d of November, 1852. Since, however, amauratic patients are not generally received. The application would have been refused, had not the appearance of the patient (though there were no symptoms to be observed of hydrops) awakened in the mind of Professor Vogt the suspicion that the amauratic attack might be merely consecutive to Bright's disease. In early life, the patient was confined for

14 weeks, probably by rheumatism, and in childhood he suffered from tinea capitis, and frequently from inflammation of the eyes. He also, at a later period, had swelling of the submaxillary glands. In the summer of 1851, he had two attacks of pneumonia, from which he seemed to have recovered without sustaining any serious injury to the lungs, since during the last winter he enjoyed uninterrupted good health.

His present sickness the patient states to have come on in June. He was at that time taken with cough and difficulty of respiration, and although the cough soon subsided, still he felt his strength failing steadily, and easily became fatigued even after slight exertion. Within the last three weeks, this loss of strength was accompanied by headache, sleepiness, pain in the back of the neck and in the forearms; by impaired digestion, with aversion to food, and a sensation of pressure in the region of the stomach. About two weeks previous to his admission, the sight began to fail, which, as it made rapid progress, soon resulted in complete amaurosis. All at once he got to be unable to distinguish the point of the shoemaker's thread; he felt as if there was a mist before his eyes, or some foreign body, which he attempted to wipe off. On going out, he could not recognize the persons he met. He could not read small print, and in a short time also lost the ability to distinguish coarse print; yet, according to his statement, he has never observed those illusions of vision which so frequently accompany amaurosis. The gastric symptoms continued unabated; vomiting occurred from time to time, or at least nausea after eating. A while back, the patient had also noticed that he had to discharge urine more frequently than before. Bowels generally costive. No symptoms of hydrops up to this time.

At the clinical examination on the 24th of November, the patient was found to be an enæmic individual, with feeble muscular power. The pupils of both eyes are black, round, and in a normal position, and the contractions of the iris regular; the conjuctiva slightly injected; the eyes somewhat sensitive to the light, the tears running freely, but no pain is felt whatever. The sight is so far gone, that he can recognize larger objects only—a hand held before the eyes, the heads of the students in their outlines, without being able to distinguish the details. At present, he can hear well; but at times there is difficulty of hearing, with ringing in the ears. The weakness and heaviness of the limbs continue as before, but the headache now comes on in the forenoon, and is confined to

the forehead. Although the patient sleeps well, his sleep is disturbed by dreams. On awakening, he still feels sleepy, and a disposition to sleep continues throughout the day. The mental faculties are unimpaired, with the tongue coated white; the appetite is but feeble, the thirst considerable; the abdomen soft, somewhat sunk in; the stools regular. Percussion and auscultation do not present any abonrmal condition in the organs of respiration and circulation; the pulse beats from 75 to 80 times in a minute, but still the patient is easily chilled even in bed. No dropsical symptoms whatever are to be observed. The urine, discharged in normal quantity, is of a greenish-yellow color, very foamy, and containing a considerable quantity of albumen.

After having, on examination, recognized the affection as Morbus Brightii, with the cerebral symptoms stated above, four leeches were applied behind the ears, cold fomentations to the head, and a blister to the back of neck. The patient took at the same time, five times a day, 1 gr. of calomel and 2 of conehæ ustæ. The mercury was continued for four days, and from time to time a dose of 3 gr. of resinæ jalappæ, administered with one of these powders. On the function of the digestive apparatus, these means had no influence; vomiting occurred several times the first three days; but the cerebral symptoms diminished in severity; the headache subsided; the sleep became more regular, and the sight improved so much, that the patient could read again coarse print. The urine retained its albuminous character. On the appearance of the first symptoms of the action of mercury on the salivary glands, accompanied by swelling of the right cheek, and small excoriations on the tongue, recourse was had to gargarisms of herb. salviæ with mel. rosat., to the application of nitrate of silver to the gums, and of sea leaches to the right inferior maxilla, the bowels being kept open by lemonade of cream tart. On the 2d of December, the mercurial action had subsided. In the meantime, in order to remove the albuminaria, 6 ʒ of iodate of potassa had been given in 6 ℥ of water with 1 ʒ of sub carbonate of potassa, and ʒss. of acetum vine crudum, to be taken in 24 hours. In the course of this treatment, on the 4th of December, febrile excitement set in with congestion of the lungs, manifesting itself by oppression of the chest, shortness of breathing, and an accelerated small pulse, without, however, being accompanied by cerebral symptoms. Two days later, frequent evacuations from the bowels, with tenesmus, super-

vened, with continued chills, heaviness of the head, and restless sleep. Auscultation now showed beginning ædoma pulmonium. This state of things called for the exhibition of ipecacuanha, laudanum and liquor amonii acitatus in a decoction of radix altheac. Warm drinks were given, and external means resorted to, to keep up the temperature. But the cerebral symptoms increased rapidly, followed by taciturn delerium, until, on the 7th of December, death took place.

*Post Mort.*—Cerebral linings, as well as the brain itself, anæmic; the blood in the sinus very fluid; slight serous effusion between arachnoidea and pia mater; no fluid in the ventricles. The cerebral substance surrounding the right ventricle appears to be somewhat softened. This softening is, however, more strikingly observed at the septum pellucidum. The thalmus and optic nerves present nothing abnormal; serous effusion in the pleara. The distended lungs show at the anterior margin the first degree of emphysema; their condition generally is morbid, by frothy ædema, and posteriorly by cadaverous dissolution; the right lung filled more than the left; the pulmonary tissue has the normal consistence; the heart, as regards the size and condition of the valves, normal; the left ventricle filled with coagulated fibrine. In the abdominal cavity, there is slight injection of the intestines; some tumidity of the mesenteric glands; the liver in an anæmic state, and containing some adipose deposit, nor does the spleen present the normal quantity of blood. Both kidneys are strikingly diminished in size. After removing the adipose cellular tissue, I ascertained the weight of the left kidney to be 614 grains, that of the right, 1180 grains. Both together weigh, therefore, 1704 grains, whereas in the adult, the weight of one usually ranges between 2000 and 2600 grains. The left kidney measures 3½ inches in length, 1½ in breadth, and 8½ lines in thickness. The thickened fibrous membrane may be easily pulled off. After its removal, the surface of the kidneys presents a knotty appearance, caused by several impressions. The hilus has sunk so far back, that the distance between the renal papillæ and the vascular substance belonging to it, ranges between nine and five lines. On cutting through, the surface of the cut presents a few planes of streaked tubulous substance, extending almost to the surface of the kidney; the balance of the cut is mostly marked by a firm granulary mass. The right kidney is 4¼ inches long, superiorly 1¾ inches, and inferiorly 1 inch broad. Its greatest thickness measures one inch. Here the

fibrous membrane adheres more firmly to the renal substance, and a knotty appearance is also observable on the surface. In the superior broader portion, the pyramids are plainly to be seen, and on some places, the vascular substance shows the normal thickness; on the inferior portion it has almost disappeared. To the naked eye, the vascular substance at the superior portion appears to be transformed entirely into adipose matter. Under the microscope, the left kidney presents with the cereriferous tubulæ considerable adipose deposit, but no cylinders of fibrine. The malpighian corpusculæ can be easily distinguished; the uriniferous tubulæ contain no effusion. On the inferior portion, the right kidney shows the same condition as the left; in the adipose portion visible to the naked eye, the uriniferous tubulæ are partially obliterated, the space being filled up with a considerable quantity of adipose deposit.

Case III.—Elizabeth K., a married woman, æt. 29, was admitted into the hospital on the 11th of January, and examined in the clinic on the 14th. Four weeks previous to her admittance, she had given birth to her fifth child. Before her last pregnancy, she enjoyed always good health; but sometime during the progress of that state, she lost her appetite, was frequently troubled with beating at the heart and headache, followed gradually by general debility. About eight days before her confinement, she was suddenly attacked by amaurosis, the headache continuing without abatement. Her delivery was almost immediately succeeded by violent abdominal pains, and soon after by delirium, which lasted from 16 to 20 hours. The secretion of the milk set in, but she remained under medical treatment for some time after, and seems to have taken mercury, for on her admittance, the existing ptyalism presented itself as the most urgent symptom. On examination, the urine was found to be strongly albuminarious. The albuminaria, however, with the amauris suddenly setting in, and still continuing, the delirium following the delivery, which obviously were substitutes for eclampsia, parturientiam, pointed clearly to degeneration of the kidneys in this case.

At the examination on the 14th, the patient was found to be highly anæmic and debilitated, with the exception of a slight œdematous swelling of the eyelids, and of the skin on the forehead, no symptoms of dropsy could be detected. Both eyes are amaurotic in an equal degree; she also complains of a ringing in the ears. The mercurial affection of

the gums still cause her considerable trouble. Pulse frequent and small, (136) with accelerated respiration. On percussion, the region of the heart is found enlarged, the first sound of the heart distinct, the second not clear. On both sides of the thorax sonorous percussion, less so, however, on the right; cellular respiration feeble. The abdomen soft to the touch, but containing a small quantity of fluid; the liver scarcely projecting above the hypochondrium; urine albuminarious.

Besides the renal affection the examination showed, therefore, hypertrophy of the heart, perhaps with moderate hydrops pericardii, and besides the first degree of œdemic pulmonium, with beginning emphysema. To meet the indication in the case, which appeared to be vital, it was necessary to act on the organs of respiration, hence a blister plaster was prescribed to the back of the neck, and internally, digitalis with acetate of potassa.

On the following day, the patient, greatly enfeebled by the examination made the day before, suffered a great deal from orthopnœ, with short, interrupted inspirations. The hands cold; the pulse scarcely perceptible, but consciousness as yet undisturbed, and when desiring a drink, she seized hold of the vessel herself; she complained, however, of the pain caused by percussion. Both cardiac sounds are still to be heard, but the cellular respiration more feeble than yesterday. The blister plaster had not drawn. Digitalis discontinued, and sulphuric ether given. Death took place in the afternoon.

*Post Mort.*—In the brain, with the exception of considerable anemæ, nothing abnormal; softened parts can nowhere be detected. The left lung contains tubercles in its apex, a portion of which has assumed a chalky appearance; adhesions on the surface of the right lung. The inferior lobe of both lungs presents a firm œdematous parenchyma, containing a small quantity of air; the superior lobes but slightly œdematous, but the anterior margin emphysematous. On cutting through the lungs, the middle bronchial branches appear to be filled throughout with mucus. But a small quantity of fluid in pericardii. At the enlarged heart, an excentric hypertrophy of the left ventricle. The right heart, especially its auricle filled with coagulum. All the valves normal. "Here," says Prof. Vogt, "we observe, without doubt, hypertrophy in connection with tubercle; but the tubercles having most likely developed themselves at an earlier period, passed through the process of calcination, whereas hypertrophy, coming on afterwards, may have served as a means of protection against

fresh tubercular deposits." The abdominal cavity contains a small quantity of sanguinous fluid, but the intestines present no symptoms of morbid action. The color of the liver throughout is a dark brownish red,—that is, the brown and yellow substance can scarcely be distinguished; spleen slightly softened; uterus almost reduced to the size of the unimpregnated state. On its surface are to be noticed an abundance of veins, and the cavity contains a small quantity of sanguineous fluid. Both kidneys of a knotty appearance, the left more so than the right. The fibrous membrane, though somewhat thickened, may easily be pulled off, merely small portions of it adhering here and there to the renal substance. A straw colored aspect, interspersed with red spots, is observed on the surface of the detached kidney, marked by its small knotty elevations and irregular furrows. The red spots consist of a multiplicity of circumscribed echymoses, about one-fourth of a line in diameter. On cutting through the vascular substance, a firm structure of a brownish color, and at places of yellowish adipose deposit, can be observed. At the brown portions, the malpighian corpusculæ may easily be recognized. The pyramidal substance in the center of the kidney cannot easily be distinguished: it is most distinct at the upper ends of the kidneys, though here also marked outlines of the pyramids are not coming into view. At some places, the adipose mass of the vascular substance penetrates into the pyramids. I regret not to have had an opportunity to examine these kidneys under the microscope. In this, as well as in the second case, atrophy of the renal substance could not be mistaken, which was also shown by the proportions of the weight of the kidneys, for the left weighed 1400, and the right 1420 grains.

At the anatomical theatre, I had afterwards occasion to examine and weigh the hypertrophical heart. The walls of the left ventricle were from 9 to 11 lines thick, the same thickness being observed at the septum, which essentially belongs to the left ventricle. In weighing the several portions of the heart, I separated the arteries entirely from the ventricles, and detached the great vascular trunks close to their origin, removing the adipose mass from the surface of the ventricle, and disconnecting minutely the substance of the left ventricle as well as that of the right, from the septum ventricularum. In the normal heart, the weight of the septum almost equals that of the right ventricle, and the weight of both surpass the weight of the left ventricle about one-fourth to one-sixth. In order to compare them, I place the weight of the heart of

the woman opposite to those of the normal heart of a man of 47 years of age:

| | Male. | Female. |
|---|---|---|
| Right Ventricle, - - | 972 grs. | 845 grs. |
| Septum Ventricularum, - - | 945 " | 1575 " |
| Left Ventricle, - - - | 1420 " | 2850 " |

A critical examination of the three cases of albuminaria, with amaurosis suddenly supervening, as related above, calls our attention to the following points:

1st. The three individuals were yet young, one being 18, the other 27, and third 29 years old. Sudden, complete amaurosis, connected with albuminaria, appears to be peculiar to early life. Of ten similar cases, related by Zaudowzy, Perrin, Cumel and Lorget, eight occurred in persons of from 18 to 28 years, and two only at the ages of 34 and 45.

2d. If Zaudowzy, when first calling our attention to albuminaria amaurotiæ, laid it down as a rule, that amaurosis indicated morbus Brightii as its first symptom, previous to the manifestation of other symptoms, I may be allowed to reverse this rule in some respects, and to say that amaurosis, when occurring in albuminaria, shows itself only after the latter has assumed a chronic character. It scarcely admits of a doubt, that the beginning of the disease, especially of albuminaria, in the three cases mentioned, co-existed with the commencement of general debility; the initiatory stage, however, existed from three to six months previous to the actual breaking out of the malady. The state of the kidneys observed in the three cases, speaks most distinctly in favor of the earlier existence of the renal affection. Considering the atrophic condition of the kidneys in the second case, we might even be lead to suppose, that the renal affection had began to form already at an early period, and its last stage been introduced by the morbid action of the previous sickness. This retarded manifestation of amaurosis has also been noticed in cases previously communicated; for, in one of the five cases related by Zaudowzy in his first communication, albuminaria existed ten months previous to the attack of amaurosis. In Cumel's case, debility and gastric derangement had preceded the amaurosis several months; and Lorget states that in one of the cases that came under his observation, debility and vomiting had occurred before the amaurotic attack, and that in another, it made its appearance three months after the occurrence of the œdema. The fact is also to be mentioned, that in four cases of albuminaria amaurotiæ, ex-

amined after death by Zaudowzy, he found the kidneys twice hypertrophied and twice atrophic.

3. Amaurosis, in the three cases enumerated, was ushered in by a cerebral affection, observable by continual headache, which, in the first and third, lasted during the development of the morbific process, but preceded amauroses in the second at least eight days. The headache co-existed with the amaurotic attack. This preceding and accompanying cerebral affection, as well as the development of amaurosis in both eyes at the same time, though in a different degree, speaks distinctly in favor of its central origin; and, if in one case communicated by Abeille, amaurosis was confined to the left eye, the post mortem examination revealed the fact that the corpus striatum and thalamus of the right side were softened, and thereby furnished a sufficient explanation.

4th. In none of the three cases can the amaurotic attack be regarded as the consequence of cerebral intoxication. In the first, it had occurred more than 14 days, and in the second, between three and four weeks previous to any cerebral derangement. Alienation of consciousness was observed but a short time before dissolution. In the third case, the amaurotic affection had existed three and one-half weeks without giving rise to any symptoms whatever, denoting abnormal function of the brain.

5th. In none of the three cases is the amaurotic attack in its incipiency, characterized by febrile action, or by any other striking alteration of the functions of the organism.

6th. Post mortem examinations furnished no data to explain the development of amaurosis. True, in the first case, softening of the brain, especially of the corpus callosum, of the thalami, and the surrounding portion of the lateral ventricles, and even of the optic nerves, had been observed, corroborating the observation made by Abeilla. But in the second case, the septum pellucidum alone appeared to be softened, and in the third, no alteration whatever of this nature could be detected.

7th. Hydrops of the external skin was but moderately developed in all the three cases. In the second, no symptoms of it could be noticed at any time, and in the third it was confined to the eyelids and the forehead. The first case alone was marked by œdema of the hands existing for some considerable time, and at last rapidly passing over into anasarca. It is, however, to be observed, that the urine discharged, in every one of the three cases, did not vary from the normal

quantity: in the first only a decrease of the discharge was observed a few days before death, during which time anasarca made its appearance. Yet notwithstanding the absense of dropsical symptoms, death ensued in each of the three cases in consequence of dropsical effusion in the organs of respiration,—pulmonary œdema more especially being the cause of dissolution.

8th. Febrile excitement occurred in the first and second case several days previous to the fatal issue, followed towards the last by alienation of the intellectual function; that is, death was caused by ceræmic intoxication. In the third case, ptyalism took the place of febrile action, but here no ceræmic intoxication supervened, since the intellect remained clear up to the last moment.

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## ENGLAND.

*Abstract of Eighteen Cases of Typhus Fever, treated in King's College Hospital, by the free exhibition of brandy, &c.*, under the care of Dr. Todd.—We have recently watched with great interest a series of severe cases of typhus fever, under the care of Dr Todd, in this hospital, in which an almost uniform plan of treatment, by means of the very free exhibition of stimulants, more especially brandy, has been resorted to with great success. Reflecting instructively, as these cases do, on one of the most important questions in the whole range of practical medicine, we hasten to bring their chief features before the attention of our readers. The series consists of eighteen cases; and, as we cannot, of course, find space for the details of the whole, we shall content ourselves by recording, by way of example, the particulars of a few of the more interesting, and append to them a brief synopsis of the rest. The whole having occurred within the last few months, and several of them within a few weeks, they present, we believe, fair specimens of the form of fever lately and still prevalent in the metropolis. They do not, however, comprise all which have been under Dr. Todd's care during the time referred to, but only those of well-marked typhus type, and which agreed in presenting the following symptoms previous to the commencement of the treatment: A copious eruption of scattered measle-like spots (mulberry or typhus rash); bowels either confined or but slightly relaxed; great prostration of strength; delirium (in six cases, coma was present); a small and very rapid pulse. It may be well to pre-

mise that they were treated as is done in almost all general hospitals in the open wards, their beds being purposely arranged so as to occur at some distance from each other, in order to prevent the accumulation of contagious emanations. The treatment pursued consisted in administering, either every hour or every half hour, day and night, from half an ounce to an ounce of brandy, with a draught every second hour, containing sp. æth. chlorici mx, ammoniæ carbonatis gr. v; aq. pur. ℥j. The patients were induced to drink as much strong beef-tea as possible; the head was always shaved; and in most, a blister was applied to the scalp. We are indebted to the careful observations, noted daily by Mr. Macnamara, the clinical assistant in charge of the cases, for the whole of the particulars respecting them. The first to which we shall allude was a very severe attack, and happened to an elderly and unfavorable subject; the beneficial effects of the alcoholic stimulant is strikingly shown, and there even appears some cause to infer the superiority of brandy over wine.

Elizabeth B.. aged seventy, was admitted June 16, 1853. She complained of severe headache, and of much pain in her limbs; was very deaf, and could see but very indistinctly. Her daughter stated, that the two latter symptoms had commenced four days previously, and the illness was of about a fortnight's duration, having begun with aching pains in the limbs and head, and great prostration of strength, followed, after four or five days, by several successive shivering fits. Pulse 122; tongue thickly furred.

℞. Tinct. opii mxx h. s. sumend.

℞. Sp. am. arom. mxx; aq. pur. ℥iss. 4tis horis sum.

18*th*. The skin of the chest and abdomen is covered with an eruption of measly spots. The patient has been delirious during the night; her tongue is dry and furred; pulse 124; the bowels have acted but once since admission. Pt.

19*th*. Has been very delirious; pulse 126; other signs as before.

℞. Am. carbon. gr. v; sp. æth. mxv; aq. ℥iss. 3tis horis. Wine ℥viii per diem.

21*st*. Muchworse; lies in an almost comatose condition, and allows her urine and feces to pass into the bed. Pulse 130. The head is to be shaved, and a blister applied. Instead of the wine, half an ounce of brandy is to be given every half hour.

Rep. mist.

22*d*. Pulse 124. The half-comatose condition still continues, and is only interrupted by low, muttering delirium.

23*d*. Pulse 120. The coma is passing off, and the delirium is less constant during its intermissions. The spots have now entirely disappeared from the skin. The patient takes her beef-tea much better than she did.

24*th*. Pulse 114. This morning the head symptoms are much less severe; and, on being questioned, the patient occasionally returns rational answers. The bowels act daily, but are not loose. To continue the same treatment.

25*th*. Pulse 96. The skin for the first time is moist. The patient states that she feels much better, and can be got to understand clearly where she is, which has not been the case on any previous occasion since her admission.

25*th*. Pulse 90. To take half an ounce of brandy every two hours.

From the last date she continued to improve. To aid her convalescence, quinia and other tonics were administered. She was discharged quite well, six weeks after admission.

In the next case, the progressive decrease in the frequency of the pulse subsequent to the employment of the stimulant was equally well marked as in the above. It occurred in a much younger subject.

James E., aged 18, began to feel ill on the 27th of June; and, on the 29th, was seized with shiverings, pains in the limbs, and great prostration of strength. He was admitted into the hospital on July 5; and, at that time, the skin was hot and dry, and covered with the typhus rash. The ocular conjunctiva of each eye was red and congested, and the tongue brown and furred. Pulse 112.

Ordered ℞. Am. carb. gr. v; aq. pur. ℥iss; ter die. Beef. tea *ad libitum*.

July 6. Pulse 120. The bowels have acted once to-day. Delirium was present during the night.

Rep. mist.

7*th*. Pulse 124, very weak. The delirium has been so constant, that the nurse has found it impossible to induce him to take any nourishment. Rep. mist. The head is to be shaved, and half an ounce of brandy is to be administered every hour.

8*th*. Pulse 120, still very feeble. Bowels act daily.

9*th*. Pulse 112. The delirium is much abated, and the patient takes his beef-tea well.

11*th*. Pulse 100, much improvement. The brandy is to be continued.

*12th.* Pulse 92. For the first time the skin is moist and perspiring. From this date the patient gradually recovered.

At one time most of the members of an Irish family living in a dirty alley in the neighborhood, were in the hospital together, all suffering from the same type of fever. The following case is that of one of the sons:

John C., aged 15, admitted June 28, having been seized on the 23d with shivering, pains in the limbs, prostration of strength, and severe purging. He had, at the time of admission, the usual symptoms of fever, was very restless, and at times slightly delirious. The bowels were not much relaxed; there was loud rhonchus heard over both lungs. Pulse 116, skin hot and dry. To drink beef-tea.

*20th.* Pulse 118, very feeble. The delirium is increased. Half an ounce of brandy every hour.

July 1. No improvement. Pulse 120, and very weak. The boy lies in a semi-comatose condition. Believing that the administration of the stimulant had not been well attended to, Dr. Todd ordered a special nurse for the case, and directed that the brandy and beef-tea should be regularly given day and night.

*2d.* Pulse 100. The patient is less stupid, and seems to understand the questions which are put to him.

*4th.* Pulse 92. There is no delirium present. The tongue is much cleaned, and the respiration is unattended by any degree of rhonchus.

*5th.* Pulse 80. The skin is moist. The brandy is to be give every two hours.

*8th.* Is rapidly getting better. The brandy is discontinued, and two pints of porter per diem substituted for it. From this time the patient very quickly recovered.

Out of the whole eighteen cases, but one terminated fatally. The subject of it was very violently delirious on the day of her admission, and no account of her previous symptoms could be obtained. Death occurred on the third day afterwards. On making the autopsy, the brain was found to be slightly congested, and the gray matter was of a darker color than usual. Peyer's patches in the small intestines were enlarged and very distinct, but not ulcerated. The spleen was enlarged, full of blood, and very soft; but all the other organs appeared to be in a normal condition.

Excluding, then, this fatal case, we will now examine the condition of the circulation in the remaining seventeen, more especially with regard to the influence of the treatment upon

it. On the day that the administration of brandy, etc., was commenced, the pulse had, in five cases, a frequency of 136 per minute; in three, of 126; in seven, of from 120 to 126; and in one, of 116. After the measures above specified had been pursued for four days, the pulse had, in eight cases, fallen to 92; in five others, it had fallen below 92 on the fifth day; and, in the remaining four, to below 90 on the sixth. Again, taking the day on which treatment was commenced as our starting-point, the skin, previously hot and dry, relaxed, and became moist and perspirable, on the fifth day, in nine cases; on the sixth day, in five cases; on the twelfth day, in one case; and in the remaining two the date of this crisis was not recorded.

The degree of success exhibited by the above facts is, we suspect, very considerably beyond that usually obtained in cases of so severe a type as those under consideration, and is very encouraging to a pursuance of a similar plan of treatment in future. That the success did really depend on the treatment, appeared to be conclusively evidenced in several cases, in which the pulse, progressively increasing in frequency up to the time that the brandy was ordered, steadily fell from that day forwards. The relapses of one or two, of consequence of the accidentally inefficient administration in the remedy, also afford important support to the same conclusion. In respect to the numerical age of the fever at which the brandy treatment was commenced, it varied so much in the different cases, that there does not appear to be any practical advantage in attempting to state it. In all, however, the first stage had passed, and low "typus" symptoms had become fully developed. Dr. Todd is continuing the same plan of treatment on the fever patients now under his care, and hitherto with very pleasing results. We shall probably return to the subject at some future time.—*Med. Times and Gaz.*, Aug. 27, 1853.

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## FRANCE.

*Transfusion of Blood.*—In this memoir, Dr. Polli collects twenty-three cases in which the operation has been practiced in the ordinary way, that is, with human blood. In five of these, death happened, either because the operation was too late, or because death was about to happen from some independent and inevitable cause; in all the rest, life was saved—

in many, from the very jaws of death. In no one case did the operation give rise to any serious inconvenience. The majority of the cases were those of parturient females, reduced to death's door by flooding; the rest, those of persons suffering from other kinds of hemorrhage, induced upon the hemorrhagic diathesis.

Dr. Polli also enumerates some cases in which the *blood of animals* was successfully substituted for that of man. Four of these are on the authority of M. Denis, who wrote his *Lettres sur la Transfusion* at Paris, in 1667. Another is taken from an Italian work by Dr. Manfred of Lucca (*De Nova et Inaudita Medico-Chir. Operatione*, &c., Romæ, 1668.) Another, by MM. Lower and King, from the *Gaz. Medicale de Paris*, p. 65, 1848. The particulars of the last two experiments are not given, and we are only told that the blood of a lamb was employed in the one, and that of a calf in the other, and that the result was successful. The particulars of M. Denis's experiments are as follows:—

*Exp.* 1. M. Dennis took ten ounces of blood from the arm of a strong and healthy butcher, aged forty-five, and injected through the same opening twenty ounces of the arterial blood of a lamb, after which the butcher, without any alteration in his manners and feelings, proceeded to kill and dress the animal which had furnished the blood, and then went to the public house to dispose of the gratuity which had been given him by the operator. The next day, according to his own account, he felt in better health than usual, and he underwent the same operation with the same results.

*Exp.* 2. Nine ounces of the arterial blood of a lamb were injected into the arm of a youth, aged sixteen, who had suffered during two months from fever, and who, from this cause, and from having been bled twenty times, lay in a moribund state, when he immediately calmed and slept, and this rallying eventuated in complete recovery.

*Exp.* 3. A madman of eight years' standing, whose madness showed itself in attacks of complete restlessness and wakefulness of eight or ten months' duration, was treated by transfusion in the fourth month of such an attack. Ten ounces of blood were abstracted, and six ounces of the arterial blood of a calf injected in their stead, with much relief to the symptoms. Afterwards, a pound of the same blood was injected. The immediate result of the second transfusion was vomiting, purging, and sweating. These ended in sound sleep, which brought about a favorable crisis, for from this time, the patient continued to improve until he was quite well.

*Exp.* 4. The patient in this experiment was lethargic, convulsed, and almost pulseless, in consequence of a violent and protracted attack of vomiting and purging. M. Dennis, injected eight ounces of blood (of what animal is not stated) when the convulsions ceased, the pulse rose, the consciousness returned, the bystanders were recognized and spoken to, and some food was taken. This state continued for twenty-four hours. The transfusion was then repeated, but the vomiting and purging returned, and the patient sunk eleven hours afterwards. Serious intussusception of the small intestine was found after death.

The conclusion to which Dr. Polli arrives is, that the operation of transfusion is simple, efficacious, and safe. He recommends it not only in cases of excessive hemorrhage under ordinary circumstances, but in cases where there is a strong hemorrhagic diathesis, as likely to produce a beneficial change in the crasis of the blood. He recommends it also in cases of extreme inanition, where there is not time to introduce food in the ordinary way, or strength to digest that food. He *suggests* it as a possible means of inducing a beneficial change in the constitution of the blood in chlorosis, rachitis, scrofula, and insanity; and he thinks that defibrinized aerated arterial blood might prove to be a powerful means of resuscitation in cases of asphyxia and other kinds of apparent death.—*Half Yearly Abstract*, vol. xvii.

*Ergot of Rye in some forms of Retention of Urine.* By M. Passot, of Lyons.—Ergot of rye has not only the property of exciting the uterine contractions in cases of inactivity of the uterus, but is also very efficacious in the retention of urine which is caused by atony and paralysis of the bladder. MM. Baudin and Payan of Aix, were the first who endeavored to demonstrate that this agent does not act on the uterus alone, but rather on the lower part of the spinal cord. They also speak very highly of it as well in the affection which we have now under consideration, as in weakness or paralysis of the lower extremities.

Drs. Kinsley, Canuto-Canuti, Sainmont de Rocroy, Allier of Marcigny, have also recorded cases which bear favorable testimony to the utility of ergot in paralysis of the bladder. I will now briefly mention some of them:—

Captain B., aged 60, suffering from dysuria, which had increased greatly during the last three months, until it suddenly changed to a complete retention, which necessitated the em-

ployment of the catheter several times a day. For two months a host of remedies were used without avail; there was not the slightest improvement. The prostate became enlarged, and the patient suffered much from the use of the catheter, which had to be passed twice every day.

Fifty centigrammes (about eight grains) of ergot of rye, infused in a cupful of boiling water, was administered three times a day. At the expiration of six hours, the patient passed a small quantity of urine, and required the use of the catheter only once in the day. Afterwards, it was only passed once in the forty-eight hours, and after ten days, the bladder was left to itself (*Kinsley's Journal des Com. Med. Chir.*, March, 1844).

A lady, aged about 75, was affected with paralysis of the bladder, which for a long time required the use of the catheter. Ergot was prescribed in doses of fifteen decigrammes (about twenty-eight grains) in infusion. On the sixth day of this treatment, it was no longer necessary to pass the instrument, the patient being able to pass water spontaneously (*Canuto-Canuti, Bull. des Sciences Med. de Bologne*, 1845).

A man, named Rousseau, aged 58, of a nervous temperament, was, in consequence of a fit of passion, attacked with a complete inability to urinate. The bladder was obliged to be emptied by the catheter. The inertia of this organ continued in spite of cold injections into it, cold enemata, the application of ice, also a blister to the hypogastrium.

Strychnia applied, by means of ointment, as a dressing to the blister, also by frictions in the axillæ, on the following day produced cramps in the legs and arms, and was presently accompanied by stiffness, so that it became necessary to discontinue the use of this remedy. There was not the slightest action on the bladder. It was at this stage the author conceived the idea of giving ergot of rye. He prescribed six grammes (about ninety-two grains), coarsely powdered, to be put into a litre (about thirty four-ounces) of water, macerate for two days, filtered, and injected cold into the bladder. Seven minutes afterwards, the patient experienced a desire to urinate, which, however, he could not then satisfy. The next morning the injection was again administered. Eight minutes after he had vesical tenesmus, and then spontaneous emission of urine. The injections were continued for some days. The cure was complete. (*Sainmont, Gazette des Hopitaux*, 1848).

In 1848, Dr. Allier, of Marcigny, sent a letter to the National Academy of Medicine, in which he gives as the result of his observations, that in only one out of fourteen cases ergot proved of no use.

I also am in possession of some cases which, in an incontestible manner, prove that ergot is capable of restoring the contractility of the bladder. The following is the most remarkable: In the month of July, 1846, I was consulted by M. H., aged 60, of a dry constitution and a very well-marked nervous temperament. M. H., admits having indulged both in veneral excesses and in the excesses of the table, and it is these that he blames for the vesical paralysis from which he is now suffering, and which requires the catheter twice a day; otherwise there is no symptom of organic alteration, no fever, no enlarged prostate. The canal of the urethra is free through its entire length, and the urine when drawn off, is perfectly clear. After having experienced the uselessness of tincture of catharides and blistering the hypogastrium, I used the following prescription:—

Freshly powdered ergot - - 2 grammes (30 gr).
Mucilage - - - - 120 " (31 oz).
A tablespoonful every half hour (shake the bottle).
Ergot of rye, powdered - 15 decigrammes (23 gr).
Cocoa butter - - - a sufficiency.
To be made into two suppositories; one of them to be introduced night and morning.

On the same day, at the expiration of some hours, M. H. felt a desire to micturate. At my evening visit, I ordered a bath. The patient was scarcely in it before micturation took place spontaneously and with force. From this time to his death, M. H. has always passed water freely and without the assistance of the instrument. I should add that, to make certain of the cure, I continued the remedy for three or four days, but in a decreasing dose. M. H. died the 30th of January, 1848, of an acute pleuro-pneumonia, during the course of which, not a single morbid symptom appeared in the bladder. It is therefore certain, that ergot cures retention of urine which depends on pure and simple atony or paralysis of the bladder. But with regard to paralysis consecutive to apoplexy, or depending on other affections of the nervous centers, it is well known that they are unaffected by the remedy we are treating of.—*Dublin Med. Press*, June 29, 1853, from *Gaz. Med. de Lyon*.

*New Method of Analysis for the Detection of Organic Poisons.* By C. FLANDIN.—[The following is an extract from his Memoir.]

We are all aware of the facts respecting inorganic poisons. They are found (so to speak) everywhere—not only in the organs of the body where they have been taken or applied, whether internally or externally, but even in the most distant organs to which they have been carried by absorption. They are found not only in the dead body immediately after death, but ten years or more thereafter they can be traced in the remains of putrefaction and the in the soil of graveyards.

Do the same facts hold as to organic poisons? In the concluding part of my *Treatise on Poisons*, now in the press, I have shown: 1. That poisons are substances that do not assimilate. 2. That they penetrete the organs by absorption. 3. That they act by *action de presence.*

If these principles be correct, it follows that all poisons may be found in those organs of the human body with which they have been placed in contact, or to which they have been carried by absorption.

A high authority in toxicology [Professor Christison] has made the following remark: "It may be laid down, therefore, as a general rule, that, in poisoning with opium, the medical jurist, by the *best methods of analysis* as yet known, will often fail in procuring satisfactory evidence, and sometimes fail to obtain any evidence at all of the existence of the poison in the contents of the stomach."

Now, these best methods of analysis, spoken of by Professor Christison, consist in treating the suspected substances with acetic acid or alcohol, filtering the liquor, evaporating it to the consistence of an extract, dissolving this extract in pure or acidified water, decolorizing with animal charcoal, or precipitating, as the case may be, the animal matters with different reagents, as subacetate of lead, sulphydric acid, nitrate of silver, nut-galls, alcohol, &c., and when the active principle of opium [morphia] is to be sought for, to apply to it such tests as nitric acid and the perchloride of iron.

What are the results of these methods of analysis in cases of poisoning? Absolutely none. When an expert recently inquired of a celebrated French toxicologist, what mode he should pursue to detect vegetable poisons, the reply was. *all research is useless.* Yes, all research will be useless, if we continue to pursue the present methods. They neither isolate the poison; they do not act on it directly by tests; and therefore, they cannot prove its characteristic properties.

In examining this subject, particularly in reference to the nature of animal matters, I find they may be arranged into, 1. Proteic or albuminous matters. 2. Coloring matters. 3. Fatty matters. Now, the first [albuminous matters] are easily coagulable, and in this state become insoluble in water, alcohol, the acids. Colored or coloring matters are readily modified by various acid or alkaline agents, as anhydrous lime or barytes, not to speak of the power of heat. Lastly, fatty matters, are readily separated from all others by two grand agents in chemical analysis, alcohol and ethers.

When an inorganic matter is mixed with organic matters, nothing is more simple than to discover it. The organic matter is burnt off, or the inorganic is made to pass into a compound soluble state with charcoal, and is then extracted by water. The process of carbonization or incineration by sulphuric acid has been communicated by M. Danger and myself to the Acadamy, as the best mode of examining for mineral poisons.

If the body, from which it is desired to separate animal matters, be itself combustible or capable of being essentially modified by heat, what then are the means of separating it so as to ascertain its poisonous properties? We reply that, under 100 degrees, heat coagulates proteic matters, and which hence become insoluble in water, alcohol and the acids—that anhydrous lime and barytes produce the same effect; and, besides, they greatly modify colored or coloring matters—and that alcohol and ethers have a special affinity for fatty matters, and may re- spectively serve to isolate these, and also wax and the resins.

These facts being established, and experiment having shown that most of the organic principles are unalterable at 100 degrees, the following method is proposed to separate the organic alkaloid bases [as morphia, strichnia, brucia, &c.] from animal matters:—

*Process.*—Mix the matter in question in the proportion of 12 to the 100 of its weight of anhydrous lime or barytes, and rub them down together in a mortar; heat to perfect dryness, but not to exceed 100 degrees; treat the powdered matter, at least three times successively, with anhydrous boiling alcohol; and, on cooling, filter.

The liquid thus obtained is almost without color; it contains the principle or principles sought for, and also fatty or resinous matters saluble in alcohol.

Distil, or evaporate slowly by alcohol, and treat the dry

and cold residuum with alcohol so as to remove the fatty matters. If the principle sought for is insoluble in ether ]as morphia, strichnia, brucia], it remains isolated in the liquid, and can be separated by filtration and even simple decantation. If it be soluble in ether, then the principle must be obtained by a special solvent of the organic bases, as for example acetic acid, and precipitate the base finally by ammonia. The chemist in charge must adapt his tests to the supposed substance. I submit only the general method.

I have mixed with 100 grains of animal matter a grain or even less of morphia, strichnia, and brucia; and operating on the mixture in the manner described above, have collected from the mixture ponderable portions of the above poisonous principles. Again, I have added to the animal matters rough opium, laudanum, a decoction of nux vomica, false angustura, &c., and have isolated by this method the poisonous principle perfectly pure.

In order to satisfy myself of the satisfactory application of it to legal medicine, I have poisoned animals with the smallest required doses of opium, morphia, nux vomica, strichnia, false angustura, and brucia, and it was always possible to detect the poison in the contents of the stomach and intestines, and sometimes, indeed, in the organs to which it had been carried by absorption.

In a special experiment, I mixed two parts and a half of morphia wrth one hundred of meat, and abandoned the compound to putrefaction for two months. At the end of that time, using the method above described, I discovered a notable proportion of morphia.—*Comptes Rendus*, March 21, 1853.

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# Miscellaneous.

*Phrenic Nerve.*—The following are Luschka's conclusions respecting this nerve:—

"1. The phrenic is not merely a motor nerve, but a mixed nerve, containing sensory filaments distributed to the pleura, pericardium, and the peritoneum, covering the diaphragm, and on the anterior wall of the belly. It is also distributed to the coronary and suspensory ligaments of the liver.

"2. It brings about a double interchange of fibres between the sympathetic and spinal nerves, since organic nerve-fibres

go to it from the inferior and occasionally the middle cervical ganglion, and it gives, by its abdominal portion, fibres to the solar plexus.

"3. In the majority of cases, the phrenic arises but from one cervical nerve—the fourth.

"4. The diaphragmatic branches he traces to the tendinous center, the inferior vena cava, the right auricle, and the liver.

"5. In its course over the pericardium it appears to be endangered in diseases of the pleura and lungs, especially tubercular. Hence, probably, some of the disturbances of respiration in these complaints."—*British and Foreign Medico-Chirurgical Review*, from *Schmidt's Jahrbuch*. iii. 1853.

*Raw Meat and recent Blood as Therapeutic Agents.*—In the diarrhœa of young children, connected with anæmi, M. Trousseau prescribes raw meat, finely chopped and slightly salted. He attributes the Medicinal properties of raw meat to the iron and manganese contained in the fresh blood. The *Presse Médicale Belge* says, that in Belgium it is a common custom, in some diseases, to drink bullock's blood in the morning before breakfast, while still hot, in increasing doses. Persons suffering from hæmoptysis, and exhausted by hemorrhage, are said to rally rapidly, by taking every morning half a pint of blood in the slaughter-house, before it cools. It is said that children take the blood readily, but that adults loathe it.—*Association Medical Journal*, June 17, 1853.

*Administration of Ether in Capsules.*—In the *Journal de Médecine et de Chirurgie Pratiques* for April, 1853, M. Clertan of Dijon, states that he has for some time been accustomed to give ether in capsules in nervous affections. After several years of observation, by himself and others, he concludes that ether, when introduced in a known dose pure, and without loss, into the stomach, has an effect which was totally unknown until the preparation of the ether pearls (*perles d'éther*). According to the old plan, the ether became partly volatilized before passing half-way down the œsophagus; and what arrived in the stomach was dissolved in water, and in a state favorable to rapid and sudden volatilization. M. Clertan has several times seen neuralgia, hemicrania, and gastralgia arrested instantaneously by from one to three of these capsules; while ether draughts, and ether in syrup, had been largely given without any effect.

The editor of the *Union Médicale* for April 12, in noticing M. Clertans preparation, states that the ether capsules are already employed extensively by M. Trousseau, M. Pidôux, and other practitioners in Paris. The advantages of the capsules are:—

1. The ether can be administered in a known dose—each capsule containg four or five drops.

2. The capsules are inodorous; so that ether can, without their knowledge, be given to persons to whom its smell is repulsive.

3. The capsules permit neither evaporation nor decomposition of the ether; they may be kept a year at least, or indefinitely, according to M. Clertan.

4. The ether arrives in the stomach without irritating the membrane of the mouth or pharynx, or producing cough; and it produces its sedative action by its radid absorption.—*Assoc. Med. Journ.* Sept. 2, 1853.

*Treatment of Compound Fractures by Occlusion.*—M. Trastour details, in a series of papers, numerous cases of compound fractures he had witnessed in M. Chassagnac's ward, illustrative of the favorable results that have followed their treatment by "occlusion." The treatment consists in the immediate application of a cuirass of adhesive plaster, which is retained *in situ* for several days, all surrounding inflammation being kept down by leeching, if necessary. M. Trastour's report is highly favorable; under this plan, the wound far more rapidly heals, pain and traumatic fever are much diminished, as is the chance of the occurrence of nervons delirium, tetanus, erysipelas, and purulent infection. In cases in which it may be doubtful whether amputation will be required, it enables us to wait with safety for the decision, and brings these traumatic cases in nearer relation to the cases in which amputation is performed for disease, and in which its results are so much more satisfactory. Since we have adopted this practice, M. Chassaignac never amputates for traumatic injuries of the fingers, however violent the injury may have been. Even when reunion does not take place, very much larger and better stumps result from leaving the case to nature.—*Half-Yearly Abstract*, vol. xvii. from *Archiv. Gen.* vols. 29, 30, and *Mid. Chir. Rev.* April, 1853.

*Early Operation for Hare-Lip.*—Andrew Nolan records [*Dub. Med. Press*, June 2, 1853] a case of operation for single

hare-lip on an infant six hours after birth. The child did not seem to suffer very much after the operation was complete, and took drink, apparently without suffering, next day. The lower needle was removed in *sixty* hours, and the upper in seventy-two. Union was perfect.

*Collodion for Erections accompanying Blenorrhagia.* By Dr. Doringer.—In the *Med. Central Zeitung*, there is reported a case of a rather curious application of collodion for gonorrheal erections, and the result was such as we would like to see borne out by other cases: A young man, aged 28, was attacked for the third time with a blenorrhagia, which was accompanied by such severe and painful erections, that the patient could hardly stay in bed for an hour. After having tried without avail both camphor and narcotics, Dr. Doringer ordered cold fomentations, and when the penis had resumed its natural size, the application over its whole extent, even including its prostatic portion, with a strong coating of collodion. This had the desired effect, for from that moment the patient had no erection, and saffered only from a slight scolding in passing urine. What proves that the amelioration was really due to the means employed is, that on the morrow, the collodion being taken off, the erections returned, but not so severely, and again ceased on the application of a fresh coating of collodion.—*Dud. Med. Press*, June 29, 1853.

*Vaccination and Smallpox, in regard to the Child-Bearing Woman, and the Fœtus in Utero.* By Richard Mc Sherry, M. D., Surgeon U. S. N.—Dr. Steuart mentioned a case to me, which had come under his observation, where a woman, eight months gone with child, was vaccinated after exposure to the contagion of smallpox. She escaped the disease, but her child, born two weeks later, was covered with the confluent form, and died within an hour after its birth.

A singularly opposite case observed by Dr. Hennen (see affinities and prophylaxis of variola in the January (1852) No. of this Journal) is casually mentioned by Dr. Dendy. "A woman was delivered while suffering from confluent variola; the infant was vaccinated a few hours after birth. The mother died on the 11th day; the infant had true vaccine and lived." There is no uniformity as to the fœtus taking or escaping the disease in the mother; in the case just cited, it

had escaped altogether, or possibly *during incubation*; the vaccine disease superseded the slower attack of the variola. The late Dr. Smith, of this city, vaccine agent and physician, who prabably performed more vaccinations than any other man in this country, assured Dr. Steuart that he had repeatedly inserted vaccine and variolous matters in the same person at the same time, and that the cowpox *uniformly* took first possession, and entirely superseded the smallpox. It is by no means uncommon for vaccination to exert a restraining influence over the more formidable disease when practised during its incubation, some interesting cases of which are recorded by Dr. Young in the October (1851) No. of this Journal. In the same number, a case is recorded by Dr. Gibbs, in which variolous inoculation was practised three days after a doubtful vaccination (the scab was several years old), but the vaccination held its vantage-ground, ran its course, and rendered the inoculation abortive.

The fœtus does not take necessarily the form of disease under which the mother labors; it may take the disease through her, after exposure, while she escapes entirely. Dr. Mead, it appears, was of opinion that, were a mother passed through an attack of variola without aborting, the child remained protected through life. The opinion may be fanciful, but the following case, related by Dr. Storer, to the Boston Society for Medical Improvement, gives it some support. Dr. S., attended a lady through a severe attack of variola in the eighth month of pregnancy. He dreaded miscarriage, which did not occur. Five weeks and four days from the appearance of the eruption he delivered her of a fine healthy child, upon which he expected to find some marks of the infection. It was, however, perfectly free from them. He afterwards vaccinated the child *twice* with perfect virus, not yet dried upon the quills, but both times unsuccssfully.

*Veratria in Acute Articular Rheumatism.*—According to the *Union Médicale* for April 2, MM. Trousseau and Piedagnel, of Paris, have for some time employed veratria in the treatment of acute rheumatism. Its introduction appears to be due to M. Piedagnel, who states that, from the observation of nnmerous cases both in hospital and private practice, he finds that rheumatism is in this way generally cured in seven or eight days. He administers the veratrin in the form of pills, each containing five *milligrammes* [about 1-13th of a grain]. Of these, one is taken on the first day, two on the

second, three on the third, &c., up to the sixth day; it is rarely necessary to give seven pills. When the general and local symptoms have abated, which generally takes place on the fourth, fifth, or sixth day, the dose is maintained for two or three days at the point at which it had arrived, and is then gradually decreased daily, as the symptoms disappear; and when, after four, five, or six days of convalescence, the cure seems perfect, the medicine is discontinued.

If, during the administration of this medicine, colic, diarrhœa, or vomiting appear, indicating intolerance of the medicine on the part of the gastro-intestinal mucous membrane, no larger dose must be given than can be taken without producing this effect.

A great recommendation of this medicine, according to M. Trousseau, is the lowness of its price, especially as compared with that of the dissulphate of quinia.

The following is an outline of some of the cases treated on this plan by M. Trousseau, in the Hôtel-Dieu.

Case 1. M., aged 17, had acute articular rheumatism, with endocarditis. All the joints of the upper and lower limbs were affected. Veratrin was administered, and the disease began to be subdued in three days. She left the hospital four weeks after admission; having remained there fifteen days after the disappearance of all symptoms, in order that the permanency of the cure might be established.

Case 2. B., aged 37, a day laborer, had had rheumatism several times. He was admitted on March 12, 1853, with acute articular rheumatism affecting most of the joints. The heart was unaffected. He took the veratrin in the manner described above until March 22, when M. Trousseau discontinued it, in consequence of the presence of gastro-intestinal disturbance. The next day, the rheumatism, which had nearly left him, began to return in several of the joints. M. Trousseau then ordered four pills to be taken; after which he rapidly recovered.

Two other instances are related of acute articular rheumatism; in these, veratrin was employed with similarly favorable results.—*Assoc. Med. Journ.* Sept. 2, 1853.

Parise found in his practice the following three remedies as reliable for severe epistaxis, viz.: 1. Dossils of lint, saturated with alcohol, put into the nostrils, after the patient has cleared them and cleansed them as much as possible. 2. The blowing of a powder, consisting of equal parts of alum and gum

arabic, into the nostrils, and the introduction of dossils covered with the same powder. 3. The filling up of the whole cavity of the nostrils with clean cotton.—*Bulletin de Therap., Tom.* 13.

Dr. Robert I. Graves recommends in the *Dublin Quarterly*, August, 1852, a saturated solution of gutta percha in chloroform, in cutaneous diseases. Another surrogate of collodion is recommended by Dr. Wellez, in Beecher's Repert., Vol. VI., No. 3, viz.: A sollution of shellac in hot alcohol. He assures it to be more adhesive than collodion, to contract strongly while drying. It is impermeable by air, water or oil, does not irritate the skin, and is cheaper than collodion.

A. Bechert recommends the following combination as a very efficient antidote for phosphorus: 1 part magnesia usta, 8 parts liquor chlori, and 7 parts aqua distillata. B. administered one drachm of this mixture for one grain of swallowed phosphorus with the best results.—*Archiv Pharmacie*, Vol. 67, No. 3.

In the Peter Paul Hospital of St. Petersburg, in Russia, occurred a case of atrophy of the heart, where the organ was only two and one-half inches long and two inches wide, and the pericardium contained one pound of clear serum. The patient, 35 years old, had died of general dropsy, the urine containing a considerable amount of albumen, while the kidneys were found normal.—*Mediz. Zeitung, Russland's*, 1852, No. 27.

Dr. Heinrich denies, according to his experience, benefit being derived from paracentesis, where there is considerable amount of exudation in the pleura, or in the pericardium, but convinced himself, in such conditions, of the great efficacy of an infus. flor. arnicæ with tartar emetic.—*Mediz. Zeitung, Russland's*, 1852, No. 30.

Dr. Wolf, in Berlin, had for several years the most satisfactory results from the administration of the portio choparti, in hemorrhage of the lungs, when it threatened to become dangerous. One or two tablespoonsful are taken daily, until the hemorrhage ceases. The portio choparti consists of balsam copavia, syrup tolutani, aqu. menth. and alcohol aa ʒj; æther nit. gtt xvi. M.—*Annalen des Charite, Krankenhauses*, 1852, No. 2.

Prof. Heyfelder, in Erlangen, administered the bichromate of potassa with success in syphilitic ulceration of the throat and swelling of the bones. He gave ¼ gr. of it in a pill with ex. gentian, commencing with one pill a day, and increasing it to six pills per diem. The treatment lasted on the average 31 days, during which period 100 pills were taken.—*Deutche Klinik*, 1852, No. 51.

In Acne Lebacca, Cazenave had better results from the following mixture, than from any other remedy: 1 part of amon. pur. cig. to 500 parts aqu. tritici. In the indurated form, he advises to add an infus. salviæ. In syphilitic cutaneous diseases, Cazenave recommends an ointment of ungt. hydr. 30 parts, calcaria usta, 8 parts, ammon. mur. dep., 4 parts, and fl. sulph. 4 parts. It is said not to soil the linen, nor to produce ptyalism.—*Annal. de Malad. de Capeau.*

Dr. Laurenzi cured an obstinate (all other remedies defying) neuralgia facialis, by the excision of a part of the perous facialis. The same operation was lately performed by Professor Patruban, in Vienna, with the same happy results.—*Il Raccoglitore Medica*, 1852, June.

Delfraysse cured is chias rapidly, by means of a liniment of essent. terebentheant ʒj, and tartar emetic ʒj, which dosis was rubbed into the painful part four times with intervals of an hour.—*Gaz. des Horpet*, 1852, No. 59.

Duchenne observed in paralysis from bad cases, in which the last phalanges could be moved, that the free mobility in the first phalanges was entirely suspended.—*Archiv. Giner. de Medic.*, 1852.

[We made the same observation in a case which presented itself lately to us. The paralysis in the right hand had lasted eighteen months; in the left hand, not quite six months.]

Dr. C. H. Spoerer endeavors to establish camphor as a specific in erysipelas. His extensive experience in the St. Mary's Hospital, in St. Petersburg, has convinced him that this remedy has no less effect in erysipelas, than the preparation of Peruvian bark has in intermittent fever, and not only in all grades of exanthematic erysipelas, but also in phlegmanous and consecutive pseudo erysipelas, after surgical operations and lesions. Gastric or violent cerebral symptoms are by no means contra indications, according to S. In the later, he cautions against abstractions of blood, and internal an-

tiphlogistic remedies. Also, in erysipelas neonatarum, camphor proved beneficial, with a bath of milk or soap-suds at the same time. The same good effect it had in parotitis, which is connected with erysipelas faciei. S. prescribes internally from gr. ½ to 2 gr. every two hours, while externally the parts are occasionally washed with lukewarm water, and covered with linen. In pseudo erysipelas, after lesions and surgical operations, especially in gangrene, also the external application of camphor, vinegar, or spirits of camphor takes place, according to circumstances, with an infus. arnicae, decoc. cart. quercus, xv. S. derived no benefit from preparations of lead in erysipelas; they proved mostly obnoxious. He denies, according to his observations, that camphor decreases the vitality of the sexual organs.—*Mediz. Zeitung, Russland's*, 1852, No. 24.

*Ascites.*—Dr. Falcot, recommends, in cases of ascites, when the stomach is irritable, fomentations with decoction of digitalis. Two ounces of digitalis are boiled in a quart of water down to a pint, and compresses dipped in the decoction are laid on the abdomen, and covered with oiled silk. The kidneys *are soon powerfully affected.*

*Chlorosis.*—Dr. Aran has found that by the employment of *dry stimulant frictions*, aided by good regimen, and in some cases by wine *lavements*, these obstinate cases may be very satisfactorily treated when iron has failed. Either flannel or a brush may be used, and occasionally a stimulating fluid, such as spirit of camphor, or some ammonical preparation, may be added so as to induce rubefaction. The frictions should be continued for five or ten minutes, every night and morning, being chiefly directed along the back and limbs. In a few days a marked modification of all the functions is produced. In some in which progress is not so rapid, vinous enemata are of great service.

*Gonorrhœa.*—M. Alquié speaks in the highest terms of the great utility of the tannate of zinc [1 part to 100 of water] injection, employed night and morning, in gonorrhœa, after the acute symptoms have subsided.

*Perspirations nocturnal.*—M. Delioux has employed the *tannate of quinine*, in doses of 6 to 8 grains daily, in the sweats of phthisis, and in other diseases attended with diaphoresis. Pure tannin, appeared in some cases to be even more powerful than the tannate of quinine.

# Western Lancet.

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## CLOSE OF THE VOLUME.

The present number closes the fourteenth volume of the *Western Lancet.* It does not become *us* to speak in terms of eulogy of our labors for the past year; but we may be permitted to remark, that it has been our constant effort to supply as large an amount, both original and selected, of valuable matter as could be obtained. We have not only spread before our readers the best original matter we could obtain, but have also made copious selections from Foreign and American journals, so that our readers have had placed before them a fair amount of the current medical literature of all countries. In many instances we have at great labor, condensed long articles, so as to reduce them to proper limits, and thus give the largest amount of matter in the smallest space. We have, also, given several lengthy translations from the French and German, which possess no small degree of interest. We may fondly hope, therefore, that if our readers will turn back through the pages of the *Lancet*, they will find in the various departments—original, bibliographical, selections and miscellaneous—at least a compensation for the price of the work.

The question may be asked, have the editors received due com-

pensation for their labors? If by compensation is meant *money*, we answer, *no*; for the truth is, the pecuniary reward received by editors of medical periodicals, is usually an *infinitesimal* dose. Journalism, like medical teaching, is somewhat *over-done*—that is, so many medical periodicals have sprung up in different directions, that the patronage has become generally, very much divided; and, in addition to this, so large a proportion of subscribers fail to pay within a reasonable time, that the profits on journals become reduced to the lowest point. Our experience in journalism has now run through a number of years, and we are forced to the conclusion, that medical men do not pay promptly for their journals. The general result is, that a small number pay in advance; another—perhaps a little larger—pay scatteringly through the year; another class pay at the close of the year; while a very large number defer payment to an indefinite period—one, two, three years, and so on—while, as a sequel, a considerable proportion, *never* pay.

This irregular and unreliable mode of paying subscriptions, renders publishing not only unprofitable, but too often hazardous, and frequently involves large pecuniary losses. It is needless to say, that this habit of tardy payment is radically wrong; and that every physician should feel himself morally bound to make prompt payment for medical journals. They contribute largely to the success of every practitioner, and their publication involves heavy pecuniary outlays; no subscriber is justifiable in withholding the small sum due for printing. Let each one of our subscribers that may be in arrears, reflect on these points, and govern himself accordingly.

We are gratified to say, that our subscription list is a very respectable one—the largest, we have reason to believe, of any medical periodical in the West. For this appreciation of our labors, we feel profoundly gratified; and in return, promise for the future the utmost diligence to do full justice to our readers. It will be our constant desire to furnish the most valuable matter, domestic and foreign, and our patrons may confidently rely on the pages of the *Lancet*, duly reflecting the current medical literature of the day. It will be our special object, to furnish such practical matter, as will meet the wants of the general practitioner.

To those who have furnished original communications, we re-

turn our thanks, and respectfully ask them to favor us with additional papers. Those who have not found time or inclination to write, we invite to our pages, and promise them that every article will meet with attention, if we deem it adapted to the wants or interests of the profession.

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OHIO MEDICAL COLLEGE.

We regret to learn from so many sources, that our Cicinnati brethren are still perpetuating the strife between the faculty of this College and their rivals, for the medical control of the chief hospital of that city. Still more humiliating is it to see in the secular papers, the details of the conflict, which are anything but reputable to the parties concerned, and must be disastrous to both the College and Hospital, no less than to the profession. Is medical education in the Queen-city of the West doomed to utter extinction? We confess that such are the present indications, unless our old friends, Dr. Mussey or Dr. Lawson can pour oil on the troubled waters.—*New York Med. Gaz.*

We are not prepared to say how much *oil* Dr. Mussey may have poured on the troubled waves of the Medical Ocean, but for ourselves we can claim a most anxious desire, and a direct effort to quiet the storm. In no way did we contribue to the production of the difficulty, but at the very first meeting offered the olive branch to those concerned in the affair, and urgently besought them to harmony and good will. But our counsel was disregarded, and the result has been—what we clearly foresaw—an acrimonious, unprofessional and disgraceful scene, which has brought on the whole profession of the city, a deep and abiding disgrace, at home and abroad. We feel deeply humiliated by the occurrence, and our participation in the public proceedings was in self-defence, and reluctantly entered upon, even then.

We do not complain of any person for advocating a change of the hospital government, for this is a mere matter of opinion, about which the fairest and best disposed persons might differ; but our complaint is in regard to the time, the manner, and above all, the *spirit* which animated the controversy. The whole combination of circumstances was *least* calculated to accomplish the objects proposed, but *best* adapted to do the largest injury to medical schools and the whole profession.

# Original Lectures, Essays & Communications.

## *Remarks on Placenta Prævia; with cases.* By GEORGE WALKER, M. D.

Not deeming it advisable to enter upon a lengthy essay, on the subject of placenta prævia at this time, inasmuch as the attention of the profession has been much directed to the subject of late years, and the books abound in details; I shall content myself by making a few prefatory remarks, with the subjoined cases; believing, that *facts* carefully observed and correctly reported, are the most valuable, if not the only genuine contributions to science.

The most striking phenomena which characterize this location of the vascular reservoir of the ovum, are the sudden and copious *floodings*, during the latter months of pregnancy; and hence, the subject is treated of by authors generally, as simply a variety of *uterine hemorrhage*.

Flooding from this condition, may, indeed, be brought on in the same manner, and by the same exciting causes, as other varieties of uterine hemorrhage; but it is also excited with almost absolute certainty, without any accident whatever, by the mere process of dilatation of the cervix uteri, in its necessary developement, during the latter period of gestation.

It is easy to understand, that when the placenta is planted over the cervix, the simple enlargement of the periphery of this part, must occur so rapidly, that the attached placenta cannot extend itself to a sufficient degree, to prevent a more or less extensive separation of the parts, giving rise to what is properly denominated "unavoidable hemorrhage."

When, therefore, the female in the *latter months of gestation*, is seized wiht flooding *suddenly*, and without any apparent cause to excite it, it becomes the physicians duty to investigate the case, in reference to this unavoidable hemorrhage. This can only be determined by the touch. When the flow is only moderate, the examination may be delayed for a time, and the ordinary remedies for flooding diligently applied, especially the removal of every description of either mental or corporeal excitement, with strict repose in a recumbent position. If, however, the floodings are frequent and copious, the cause must at once be enquired into, and if possible, be ascertained by a careful examination.

After the flooding has continued for some time, and the woman's strength begins to be reduced, the os uteri will generally be found relaxed, so that the finger may be made to pass through it; and if the placenta is attached at this point, it will at once be recognized—by its tough fibrous feel, and by its irregular spongy surface.

Its toughness will distinguish it from a coagulum of blood, and its rugose surface from the membranes. Should the flooding have brought on the uterine contractions, it will be observed, that the gush of blood is simultaneous with the pains, and that the flow subsides during the interval; in this particular being the very reverse, of other varieties of flooding.

The *prognosis* in such cases must always be unfavorable, unless the danger is averted by prompt and efficient interference. Still, we are informed, that they do not always terminate fatally, when left to the resources of nature. But, are we to understand, when authors state that the spontaneous termination may sometimes be fortunate, that the children would not *all* inevitably be lost?

It could scarcely be expected, that in such labors the child would be expelled alive, so that the favorable result, relates entirely to the mother. The infant can have little or no chance for its life, except the skilful interposition of the accoucheur. The prognosis is, therefore, somewhat different, as applied to the mother or the child, when the case is left to nature—to the former it is extremely hazardous, and to the latter it points only to a fatal issue. When, therefore, it is admitted, that the safety of the mother in a great degree, and that of the child entirely, depends upon the treatment, it becomes highly important, that the means of relief should be appropriate, and promptly administered.

It is generally agreed by authors, that the true indication in these cases, is the *delivery of the child by the assistance of art.* And this indication is still increased as the pregnancy is more advanced, and there is some prospect of preserving the child. I will quote Velpeau's statement of this doctrine. He says "the termination of the labor, should never, under any pretext, be left to the powers of nature, when the hemorrhage is incontestibly occasioned, by the insertion of the placenta upon the os uteri."

As to the manner in which this indication is to be carried out, practitioners of eminence differ, in some important particulars.

Simpson and several others are satisfied, by merely detaching the whole surface of the placenta, and trusting to the powers of the woman, perhaps aided by ergot to terminate the labor. Churchill says, "In these cases therefore, when the flooding is profuse, and the danger imminent, the membranes seould be ruptured by the finger, or a female catheter. Soon afterwards, we find the pains increase, the flooding diminish, and the labor advance." He further declares, that the practice is very successful, and in support of the declaration, goes on to state that "Dr. Rigby succeeded by it in 64 cases, without having occasion to turn the child, Dr. Merriman in 30 cases, Dr. F. Raimsbotham in 23 out of 25 cases."

There are, however, some apparently insuperable objections, to either of the above plans of treatment. We are assured by high authoriry, that the simple detachment of the placenta, will generally fail to arrest the hemorrhage. In reference to perforating the membranes, Dewees assures us, that "when they are pierced and the waters evacuated, it will very rarely stop the hemorrhage," and also, that "when it does not do this, we are sure to have the difficulties of turning increased." From this reasonable statement, it would seem, that the practice affords but little encouragement to the mother, while it is plain to be seen, that either plan must *destroy* the child. Hence, if it should be proper under any emergency, this could only take place before the child is visible. What are we to infer by the statement of Churchill, that this practice is successful. Not certainly, that by it the mothers and children were both saved:—a more rational interpretation of the experssion is, that the mothers were saved and the children *lost*. It is scarcely possible, that a procedure, that necessarily cuts off for several hours, or perhaps days, the supply of nourishment to the fœtus, could be resorted to without destroying its life. It is even difficult to suppose, that after the rupture of the membranes, any spontaneous delivery could take place, before tbe death of the fœtus.

When, indeed, the practitioner is compelled to choose between the life of the child in the womb, and that of the mother, both moral philosophy and usage have established the principle, that the woman's life should have the preference. But no system of ethics, has as yet decided, that even the infant's life should be sacrificed, except for the *gravest necessity*, and to avert still greater evil. Hence, it is an exageration, to denominate that practice successful, that inevitably destroys the

child, provided a different plan would afford it some chance for its life, without increasing the danger to the mother.

It is true, that the plan of rupturiug the membranes and leaving the labor to the powers of the woman, may be the only practicable course. This would be the case, when the *hemorrhage was alarming, the os uteri firmly contracted, and the woman sinking.* But even then, after the waters are drained off, the practitioner should resort to the most efficient means to relax the os uteri; and so soon as it was sufficiently open, he should avail himself of the earliest opportunity, to terminate the labor, by *turning* and delivering the child.

The practice recommended by Velpeau, Meigs, and many other distinguished accoucheurs, consists of arresting the flooding by the tampon, quietness and other suitable remedies, until the mouth of the womb is sufficiently relaxed, to admit the hand without too much violence, when the child is to be delivered, by bringing down the feet. This plan furnishes to the woman every advantage, since evacuating the uterus and securing its contraction, is the only reliable remedy for the flooding; and at the same time, the child, under favorable circumstances may be saved. Nevertheless, Churchill says, "there is danger to the child, in proportion to the hemorrhage, *and additional danger if we are obliged to turn.*" How is the danger increased? Indeed it is difficult to imagine, how the danger to the child can be increased by turning, when by any other expedient, its death is certain!! This remark of Churchill's, appears to have been carelessly made, and is not supported by a single fact or argument, and would be scarcely worthy of notice, were it not made by such high authority. The very reverse is evidently the truth. Instead of the delivery by turning *increasing* the danger to the child, it is the only resource, that offers it the least prospect of being born alive.

In these cases, when the hemorrhage has continued for some time, and the strength of the woman is somewhat reduced by the loss of blood, the os uteri, as before stated, will generally be found relaxed, and either *dilated* or *dilatable*; and consequently, the artificial delivery will be entirely practicable.

The woman is generally rescued by any of the plans suggested, but inasmuch as *prompt delivery*, is our only resource to save the child, its fate becomes the paramount consideration, in the accoucheur's mind. In most cases, the strength will become exhausted, and the os uteri soft and dilatable,

long before the membranes rupture, and before lhe life of the child is greatly jeopardized.

It too often happens, however, that the woman is seized by flooding and labor pains,—the friends call in some ignorant midwife, who blindly tampers with the case, until the woman's system is so much drained of its vital fluid, as to menace dissolution before the physician is called upon, and both mother and fœtus perish; as illustrated by case I. Or the female may experience more or less extensive floodings in the latter months, and make little or no complaint to her physi cian, until the system is greatly reduced, and perhaps the child lost, as in case II.

But, all things being favorable, the practitioner is summoned in good season; or, he may perhaps, find the system somewhat reduced by the loss of blood, and the os uteri either open or relaxed, so that the hand may enter it without difficulty. He should immediately introduce his hand, in the direction of the *narrow portion* of the placenta when this can be known, but otherwise, by detaching this mass until he reaches the membranes. It only remains for him to penetrate the ovular sac, bring down the feet and deliver the child. When this is effected without too much violence or delay, the mother and child are both rescued from the impending danger, as in case III. At the worst, the chances for the child are nearly equal to those of ordinary cases of delivery by turning, or perhaps to spontaneous flooding cases.

The plan of entering the hand through the most *depending point* of the placenta, is scarcely urged by any one at present, since it would be next to impossible, to force the hand through this organ, without destroying its texture to a dangerous extent, and also, detaching it almost entirely from the surface of the uterus, besides the difficulty of drawing the child through the rent, and of increasing the bulk of the shoulders and head, by the placenta embracing these parts, and thus adding its thickness to them, and coming away with them in the form of a collar. Hence, it is better to search for the margin of the placenta, even in those cases where it is central, by detaching a portion of it to arrive at the membranes.

After the pains and flooding have continued for some time, the practitioner will have no difficulty in finding the narrow side of the placenta, inasmuch as it will be already separated, even more than he would desire.

The method, therefore, of prompt delivery, by passing the hand through the os uteri, detaching as little as possible of the

placenta, to arrive at the membranes of the ovum, rupturing these and delivering by the feet, offers more advantages in theory than any other method, and this theory is fully supported by experience. The benefits to the mother are fully equal to those of any other plan, whilst it is the only course that affords the child, any chance for its life.

CASE 1. Mrs.——, a German woman, supposing herself 8 or 8½ months pregnant, was attacked with flooding and labor pains. An ignorant German midwife was called in, and remained with the patient for about four days, during which time the pains and hemorrhage continued, until by degrees, the system being so extensively deprived of its vital fluid, became greatly prostrated. At this period Dr. C. S. Weever, a practitioner of much intelligence, being sent for, discovered the presence of the placental mass at the os tincæ, the flooding still going on—pains almost suspended. Dr. Weever had me immediately called in consultation, when the following symptoms were observed. Patient almost bloodless—surface and extremeties cold—*pulse not perceptible at the wrist*, and feeble uterine contractions, with flooding.

The examination by touch, revealed the existence of a granular fibrous mass within the mouth of the uterus, which from its firmness, (it being impossible to detach a portion of it with the finger) was recognized as the placenta. On each recurrence of pain, this body was drawn towards the right side of the uterus, and the membranes were readily felt at the edge of the orifice on the left. We agreed, that inasmuch as the os uteri was somewhat open and relaxed, immediate delivery by the feet was the proper course to be pursued, though Dr. Weever was apprehensive, that the patient might die during the manipulations.

The hand was immediately passed into the uterus, to the left, in the direction of the membranes, the placenta being left attached to the right side of the cervix;—the sac was ruptured, the feet seized and brought down, and the delivery effected. The secundines came away without difficulty. The time occupied in the delivery did not exceed ten minutes. The child proved to be dead, with evident signs of putrefaction; the cuticle being loose. It had probably ceased to live, soon after the commencement of the pain and flooding. The woman's energies did not rally, and she died from the exhaustion, two days after delivery; no other untoward circumstance occurring to account for the death.

CASE 2. Mrs. K——, mother of several children, about 40

years of age, of delicate habit, was seized with labor pains. on the morning of July 4th, 1853. Professor Bray was called to attend the patient about 9 o'clock A. M. She had been subject to slight hemorrhages for several months, but not sufficient in amount to cause alarm, and they were generally arrested, by quietness and mild remedies. The symptoms not being urgent, Dr. B. left the patient, having prescribed to meet the condition. He was summoned in haste in the evening, and found the patient flooding profusely, the uterine contractions still being moderate. On examination, Dr. B. was convinced of the presentation of the placenta. By his direction, I was called in, to assist in the management of the case. On resorting to the touch, the os uteri was found dilated to the size of a dollar, and rather rigid—the vagina was filled by a large coagulum. The placenta was discovered to be attached to the left side of the cervix, extending entirely across the open orifice of the os uteri; the edge of the vascular mass being quite perceptible on the right. The patient was much reduced from loss of blood.

Immediate delivery by turning was agreed upon. The hand was passed through the os uteri with some difficulty; the child was found to present the head, in the right occipito-pubic position. The left foot was secured and brought down, and the delivery completed in half an hour. The head was retained for some time, probably from the neck and head being firmly embraced, by the rigid os uteri. The child was apparently at term, and asphyxied. The pulsations of its heart and arteries were maintained to some extent, for nearly an hour, by the means used for resuscitation, including inflation of the lungs. Natural respiration, however, could not be established. The woman, although much exhausted for several days, gradually recovered.

CASE 3. Mrs.——, æt about 43, the mother of several children, of good constitution, was apparently taken in labor, about 10 o'clock A. M., of July 5th, 1853. A female midwife was in attendance until about 4 o'clock, when Professor Byford was summoned to attend the case. The midwife reported, that the after birth was coming first; which was verified on examination by the doctor. He then requested me to associate myself with him in the case. On examination per vaginum, the os uteri was found dilated to the size of a dollar, soft and dilatable. The patient was about the latter end of the eighth month of gestation: considerable flooding. The placena extended half across the orifice of the uterus. De-

livery by turning was agreed upon. The hand was readily introduced into the uterus, the membranes were ruptured on the right, (the placenta being attached to the left of the cervix) the child's right foot was grasped and brought down, and the child easily delivered, by the right anterior portion of the breech. The infant soon commenced breathing, and the mother and child both survived, without suffering any further accident.

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## *Homœopathic Pharmacy Demonstrated.* By H. B. MUSGRAVE, M. D., Cincinnati Ohio.

To understand homœopathy, it is as necessary to understand the mode of preparing the medicines, in this as any other practice of medicine, and even more so, for this is the "pathy" which makes loudest pretentions of having *specifics.*

The table No. 1, is on the plan of Hahnemann and it is the one now admitted by the practicing homœopathists, sometimes called the *centigrade potentization.*

Probably it may be as clearly and fairly expressed in B. F. Joslin's Address before the New York Homœopathic Society, March 9th, 1847. He says:—

"Believing that theoretical objections prevent many from testing Hahneman's potencies, I shall attempt to give a *theory of Potentization.* My view expressed in the most general terms, is that Hahnemann's process developes the power of a drug by affecting a comminution, and in no other way. This is the whole secret of that incredible power which experience proves his preparation to possess. Trituration and mixture with saccharum lactis promote this development just so far as they promote comminution and no farther. The successive steps of centigrade dilution promotes this, by subjecting every particle of the medicinal substance to the mechanical tearing-asunder operation of the non-medicinal one.

"One man can by Hahnemann's process, in a single day effect a greater comminution of a substance, than could have been effected in a direct mixture and trituration, by the combined labor of the whole human race, continually operating since the creation of Adam.

"The labor that built the pyrimids is nothing compared to

that of preparing even the eighteenth potence by such a process. That is, by thoroughly triturating one grain with a sextillion of grains. To triturate one grain of medicinal powder with ninety-nine grains of a hard inert powder effects not merely a wider separation of its original component masses, but a *division* of those masses, and a division more minute than would be practicable by any amount of trituration of the medicinal powder per se. In subjecting one grain of the resulting powder to a similar operation with ninety-nine grains of saccharum lactis in order to obtain the second trituration, we render the group of medicinal molecules still smaller than in the first trituration. In forming still higher triturations, a reduction in size of the groups of medicinal molecules must be effected by each successive operation."

Now, here we have Hahnemann's *mode* of preparing medicine, but a different *theory* of potentization. He contended that the power of the person that shook the vials, or pulverized the medicine, passed from the individual into the medicine, which he termed spiritual or dynamic power, and he found it necessary to limit the shaking and pestling, or the medicine would become too powerfull.

In this age of steam-power, and by which medicines are prepared, this theory had to be abandoned, for if it were true that the power of an engine was imparted to the medicine in grinding and mixing, it might do great damage. Therefore the theory of comminution was adopted. Mr. Joslin says, "to break a body into fragments increases its surface. This augments with every succeeding fracture. A pebble of a grain weight has an immense surface, when reduced to an impalpable powder by simple friction in a mortar.

"But were it converted into some of the high and inconceivably fine preparations by Hahneman's process, the stony surface alone, independently of the sugar, might exceed the surface of the globe we inhabit."

This position contains a truism and an impossibility. 1st, It is true that breaking a body into fragments increases its surface, but only about one-third at each simple division. 2nd, It is not true or even probable that a grain of medicine mixed in the manner proposed would divide into more than one hundred million parts or the 4th potency, for when a grain of this mixture is mixed with ninety-nine grains of fresh sugar of coarser particles, it would be shielded in the angular spaces until the particles of sugar were broken as fine as the

medicine, and this practically would be the ultimatum.

Here practically we have only the fourth potency or one grain mixed with fourteen hogsheads of sugar.

Well might he say if it were converted into the high preparations of Hahneman, the *surface* of a grain would exceed the surface of this globe, because it takes a lump of sugar ten times as large as the globe to convert it into the fifteenth potency, and if the particles were equally distributed through the mass, a particle to each grain, it would exceed the surface many million times.

Now we have gone as far as the bounds of practicability, we will make some mathematical calculations, that we may comprehend the quantity of the different potencies, and the mass of sugar to prepare them. (See table No. 1.)

The first potency takes one grain of the medicine, and ninety-nine grains of sugar, making of the mixture one hundred grains, represented thus, $\frac{1}{100}$ the numerator representing the medicine, and the denominator the mass.

The second potency requires one hundred times the first and so on in geometrical progression, applicable to the sugar only, there being only one grain of the medicine in the whole series. This potency requires about one pound and a half (lb. 1·428). The third, one hundred and forty-two pounds. The fourth, fourteen hogsheads (of one thousand pounds each.) The fifth, one thousand four hundred hogsheads. The sixth, one hundred and forty thousand hogsheads. The seventh, fourteen million hogsheads, which is about the product of the United States in fourteen years. The eighth, requires the product of fourteen hundred years. The ninth, one hundred and forty thousand years. The tenth fourteen million years. The eleventh, one thousand four hundred million years. The twelfth would take a mass about as large as the planet Vesta. The thirteenth, about the size of Juno. The fourteenth, a mass as large as Vesta, Juno, Ceres, Pallas, Moon and Murcury. The Earth, Mars and Venus, and all the previous mentioned planets, will not make a mass sufficient for the fifteenth potency. The sixteenth potency requires a mass about as large as Saturn. The seventh potency requires a mass larger than all the thirteen planets named, added together. The eighteenth potency requires a mass seven times as large as the sun and all her planets. This is called the sextillionth potency or division of the medicine, and takes one figure more than compute the grains in the sun and all her

planets. Hahnemann's greatest power was the decillionthor thirtieth potency, or a unit with sixty cyphers annexed.*

(See table No. 2). The Sun is a mass the mind cannot comprehend without comparing it with other bodies. Its diameter is about nine hundred thousand miles, and contains a volume of matter equal to about one million and a half of globes the size of our earth.

Suppose it were a hollow sphere, and we place the earth and moon and Herschell, which is eighty one times larger than this earth, and La Verrier ninety times larger than this earth, Saturn eleven hundred times larger than this earth, and Jupiter about thirteen hundred times larger than this earth, all in its interior. They could all revolve in orbits and never be nearer each other than the moon to our earth, which is two hundred and forty thousand miles.

We have now reached the eighteenth potency and all the solar system is absorbed. If we wish to calculate the mass that it would require for the thirtieth potency, multiply the total number of grains in the solar system, (one hundred and forty thousand quintillions,) by the number of grains in the planet Vesta, (four quadrillions) and the product will be about half enough to mix one grain to the thirtieth potency.

The probabilities are, that we are using sugar containing more arsenic from the poisoning of rats than is in the sixth potency.

If a rat had been poisoned with arsenic, on a sugar plantation, fifty years ago, and there has been annually fourteen hogsheads of sugar produced, and it receives annually one hundredth part of a grain of arsenic, it has been and will be for fifty years to come, all of the fifth potency; therefore there is not much doubt that all the sugar used is at least of the fifth potency of arsenic.

But no fears need be entertained on that score, for each of us would have to swallow one hundred hogsheads, to get the fourteenth part of a grain of arsenic, which is a safe dose to give in common practice. Sugar honestly prepared to the fourth potency would not be injured as an article of food, as domestically used, and even the third might be used without any deleterious effect.

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* Homœopathists use the English notation, that is a million involved to the tenth power, or a unit with sixty cyphers annexed, make a decillion. According to the French notation a thousand involved to the eleventh power, or a unit with thirty-three cyphers annexed make a decillion.

The preparation in liquid form is the most certain to be of equal dilution or to have the medicine most equally distributed through all parts of it. But to prepare the dilutions as Hahnemann, (which is to bring it to the third or fourth trituration with sugar, and then commence with a grain in ninety-nine drops of water, and shake, then take one drop of this last mixture and mix with ninety-nine more drops of water and shake as before, and so on for each potency,) will be very uncertain, because if we take any medicine either soluble or insoluble, and triturate with sugar to the third potency, and take one grain of this mass, the chances are one hundred against, to one in favor of there being one particle of the medicine in the grain selected; hence homœopathists have concluded that any medicine of the second or third trituration was soluble.

All the water flowing in the Ohio and Mississippi rivers from Pittsburgh and St. Louis, must be at least, of the twelfth potency of arsenic, from the poisoning of rats in those cities. Yet it takes one hundred and forty thousand hogsheads of arsenic thrown into the rivers annually to make the water of the fourth potency, which still will not be deleterious. If any more than this quantity should be thrown in, the inhabitants of cities using the river water will undoubtedly be apprised of it.

Suppose the waters surrounding this globe make up one thousandth of its mass, there then would be just enough water in all the oceans, lakes, rivers and atmosphere belonging to it, to prepare one grain to the thirteenth potency.

Now, it is a fact that homœopathic preparations when carried above the fourth or fifth potency, must be calculated mathematically, because practically they cannot be carried farther; and therefore it will not be expected here to discuss homœopathic therapeutics, or cast any reflection on your understanding, by speaking of the success of those *figurative potencies*, in removing diseases.

| | | |
|---|---|---|
| 1st Poteney, | $\frac{1}{100}$ | Sugar gr. 100 |
| 2d | $\frac{1}{10000}$ | lb. 1·428 |
| 3d | $\frac{1}{1000000}$ | lbs. 142 |
| 4th | $\frac{1}{100000000}$ | hhds. 14 |
| 5th | $\frac{1}{10000000000}$ | 1,400 |
| 6th | $\frac{1}{1000000000000}$ | 140,000 |
| 7th | $\frac{1}{100000000000000}$ | 14,000,000 |
| 8th | $\frac{1}{10000000000000000}$ | Years, 1,400 |
| 9th | $\frac{1}{1000000000000000000}$ | 140,000 |
| 10th | $\frac{1}{100000000000000000000}$ | 14,000,000 |
| 11th | $\frac{1}{10000000000000000000000}$ | 1,400,000,000 |
| 12th | $\frac{1}{1000000000000000000000000}$ | Vesta. |
| 13th | $\frac{1}{100000000000000000000000000}$ | Juno. |
| 14th | $\frac{1}{10000000000000000000000000000}$ | Vesta, Juno, Ceres, Pallas, Moon and Mercury. |
| 15th | $\frac{1}{1000000000000000000000000000000}$ | Ditto and Earth, Mars and Venus. |
| 16th | $\frac{1}{100000000000000000000000000000000}$ | Saturn. |
| 17th | $\frac{1}{10000000000000000000000000000000000}$ | all the Planets. |
| 18th | $\frac{1}{1000000000000000000000000000000000000}$ | Seven times the Solar system. |
| 19th | $\frac{1}{100000000000000000000000000000000000000000}$ | |
| 20th | $\frac{1}{10000000000000000000000000000000000000000000}$ | |
| 21st | $\frac{1}{1000000000000000000000000000000000000000000000}$ | |
| 22d | $\frac{1}{100000000000000000000000000000000000000000000000}$ | |
| 23d | $\frac{1}{10000000000000000000000000000000000000000000000000}$ | |
| 24th | $\frac{1}{1000000000000000000000000000000000000000000000000000}$ | |
| 25th | $\frac{1}{100000000000000000000000000000000000000000000000000000}$ | |
| 26th | $\frac{1}{10000000000000000000000000000000000000000000000000000000}$ | |
| 27th | $\frac{1}{1000000000000000000000000000000000000000000000000000000000}$ | |
| 28th | $\frac{1}{100000000000000000000000000000000000000000000000000000000000}$ | |
| 29th | $\frac{1}{10000000000000000000000000000000000000000000000000000000000000}$ | |
| 30th | $\frac{1}{1000000000000000000000000000000000000000000000000000000000000000}$ | |

It is a general law that the planets decreasing in density, as their distance from the sun increases. According to recent experiments, the mean density of the earth is five, and forty four hundredths greater than water, [5·44]. By placing the mean density at five, it gives a specific gravity of three hundred pounds per cubic foot; and supposing this earth would cube seven thousand miles, it gives in round numbers one hundred thousand quadrillions of grains, or a unit with twenty-nine cyphers. Taking the density of the earth as a mean for all our solar system, the following table will show the amount in grains of each planetary body and their total magitude.

| Planet. | Grains. |
|---|---|
| Sun, | 140,584.416,195,000,000,000,000,000,000,000,000 |
| Jupite-, | 128,981,000,000,000,000,000,000,000,000,000 |
| Saturn | 110,054,000,000,000.000,000,000,000,000,000 |
| Le Verrier or Neptune, | 9,000,000,000 000,000,000,000,000,000,000 |
| Herschell or Uranus, | 8,157,020,000,000,000.000,000,000,000,000 |
| Earth, | 100,000,000,000,000,000,000,000,000,000.000 |
| Venus, | 88.974,000,000.000,000,000,000,000,000 |
| Mars, | 15.123,000,000,000,000,000,000,000,000 |
| Mercury, | 5,339,000,000,000.000.000,000,000,000 |
| Moon, | 2,000,000,000,000,000,000,000,000,000 |
| Pallas, | 1,669,000,000,000,000,000,000,000 000,000 |
| Ceres, | 796,000,000,000,000,000,000,000,000 |
| Juno, | 543,000,000,000,000.000,000,000,000 |
| Vesta, | 4,000,000,000,000,000,000,000,000 |
| Total, | 140,840,822,662,000,000,000,000,000,000,000,000 |

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## *Arsenic in Intermittent Fever.* By JAMES LAMB, M. D,. Milton, O.

I have found the following formula very effectual in the treatment of diseases, assuming a periodical type. It is elegant, easily and readily taken by children, and can be safely administered by the non-professional, which is important to the practitioner when he wishes to prescribe so potent a remedy:

| | | |
|---|---|---|
| ℞ | Liquor potassæ arsenitis | ʒj. |
| | Spts. lavandulac comp. | ʒj. |
| | Tinctura opii. | ʒss. |
| | Aqua cinnamoni | ℥iij. |

Misce. dose ʒj. every three hours during the apyrexia.

Previous to its administration, it is necessary to correct the

secretions, but no more necessary than in the administration of any other antiperiodic.

It is superior to the uncombined liquor arsenicalis, in being more dilute, consequently safer for general use, and in being less likely to irritate the stomach, on account of the sedative influence of the opium, and the cordial and stimulating action of the aromatics.

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*An Unusual Case of Strangulated Hernia, relieved by the Operation of Gastrotomy.* By THOMAS WOOD, M. D.

On Thursday the 10th inst., I was called, in company with my friend Dr. J. P. Walker, to see Miller, a colored man, 55 years of age, who had been troubled with a scrotal hernia of the left side for a number of years. He had, three days previous to our visit, come to the city on a steam boat, on which he had been employed. He gave the following history of his case. He was in the habit of wearing a truss, but one week before we saw him, the bowel had passed by the truss into the scrotum, and on attempting to return it, he experienced considerable pain and difficulty in accomplishing his object. After a time, however, he succeeded in returning the hernial tumor into the abdomen. No motion of his bowels had occurred since the accident, although he had taken large doses of the most drastic purgatives, and had, repeatedly, had the rectum injected with cathartic enemas. He had suffered with severe pain in the umbilical region, and had vomited up all that he swallowed, both solid and fluid, during the past week.

We found him with a feeble pulse, shrunken and anxious countenance, with a cold perspiration on the surface; and at intervals of about half an hour, he was vomiting stercoraceous matter, at the same time complaining of a "twisting" pain at the navel. By a minute and careful examination of the abdominal rings, both external and internal, no obstruction or hernial tumor could be found in them. The abdominal muscles were relaxed and soft, and the bowels not at all distended, as he had for several days emptied them by the mouth.

The finger could be readily passed from the bottom of the scrotum, through the external ring—inguinal canal—and into the internal ring of the left side, and no obstruction could be detected.

Although he had no pain or tenderness in the left illiac region, he said that he felt conscious, that the difficulty was in that point; and on pressing the muscles down on the left illeo pictineal line, a small moveable tumor was faintly discoverable, which could be pushed inward as far as the promontory of the sacrum, or carried outwards by the fingers above Poupart's ligament.

In consultation, it was our opinion, that this tumor was either an invagination, or the portion of the bowel that had been returned; perhaps twisted on itself, and strangulated by bands of adhesive lymph. The man was evidently in a hopeless condition, unless he could be relieved by an operation, and it was therefore decided on, to make an explorating operation through the abdominal muscles, and if possible, find, and remove the difficulty. But at this time, the operation was postponed, from the patient refusing to submit to it. He was left in the charge of Dr. Walker, who tried the effect the tobacco injection, and other means, during the night, without any benefit. On Friday, about 12 o'clock, I was again called to see the patient, and found him much prostrated. His pulse quite feeble, and his extremities cold and covered with a clammy sweat, while the vomiting of stercor was still more frequent. At this time he consented to have the operation performed. The incision was made, by commencing at the outer margin of the left rectus muscle, and running upwards and outwards, parallel with Poupart's ligament, and about two inches from it, extending the wound about four inches in that direction. When the peritoneal cavity was opened, and the omentum raised from the bottom of the wound, the difficulty was soon discovered.

A part of the sigmoid flexure of the colon was strangulated in the sack, which had been returned with the bowel through the internal ring. The sac contained about three inches of the bowel, which had become closely adhered to its inner surface, and strangulated by its mouth. After dividing the stricture, on a directory with a bistury, the adhesions were broken up with my finger, and the bowel and sack (that had been drawn out through the wound while dividing the stricture) were replaced, as nigh in their natural position as possible. The wound was then closed by stitches, and adhesive strips, and a compress was placed over all, and retained by a bandage around the pelvis. That night our patient's bowels were moved twice.

His wound healed by direct union, and his recovery was

not retarded by any unfavorable symptoms arising from the operation. On the fifth day after the operation, he was siting up to take his breakfast, feeling quite well.

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## *Nitrate of Silver used in the Treatment of Phlegmasia Dolens.* By THOMAS WOOD, M. D.

Mrs. O———, was confined on the 22d day of August, giving birth to twins. As this was her first labor, and her strength of constitution considerably impaired by a recent attack of diarrhœa, the head of the first child was slow in its progress through the pelvis. In other respects her labor seemed to be perfectly natural, and no untoward symptoms appeared until the 11th day after her confinement. At this time a pain commenced in her left ankle, which was soon followed by a swelling on the dorsum of the foot, and around the ankle, which rapidly extended up the limb to the groin. In about twenty-four hours the entire limb was so much swollen, and so painful to the touch, as to reveal the true character of the disease, which was unmistakeably phlegmasia dolens.

The limb was enlarged throughout, to about twice its usual diameter, and presented the white polished surface that gives the name to milk leg. At several points the pain was very severe, but it became intolerable on the slightest pressure on the popliteal space, on the inguinal glands—or at any point on the course of the saphenous, the femoral or illiac veins, a far up as the bifurcation of the vena cava, on the affected side. The condition of the limb seemed to be so closely analagous to the condition of a limb swollen with phlegmonous erysipelas, (being apparently similar in all respects, except in color) and having repeatedly witnessed the good effects of the nitrate of silver in the latter affections, the idea of using it in the present case was suggested on my first visit.

A solution of one drachm to the ounce of water, was prescribed, and orders given to apply it, with a camel hair pencil, to the entire limb, and to be extended up to the left illiac, and left half of the hypogastric regions. On my second visit, which was about twelve hours after the application of nitrate of silver, the pain had entirely subsided, and pressure could be borne without complaint, on all the points that had previously been so sensative. The entire surface where the solution had been applied, was completely vesicated; and on

puncturing the raised cuticle, at several points with a lancet, a white fluid, closely resembling human milk, escaped freely from the punctures

The tension and heat of the limb were also very much abated. From this time, the swelling gradually subsided, from above downwards, reversing the order of its progression, until it disappeared.

By the time the exfoliation of the cuticle was completed on the sixth day, the limb had returned to its natural size, save a little tumefaction on the dorsum of the foot, and this by the tenth day after the use of the nitrate, was entirely gone.

At this time my patient was in good spirits, from the hope, that a few days would relieve her from the irksome confinement to bed; as a little time to regain her strength, seemed to be all that was required; but she was disappointed. On the fifteenth day after the onset of the difficulty in the left limb, the right one was attacked in the same manner, except that it was more rapid, violent, and painful than the first. The same treatment was adopted, with the same happy result. But in this instance, the swelling lingered for a longer time, on the foot, and the lower half of the leg, than in the first limb. In this case there was some swelling left about the foot and ankle after the cuticle was peeled off, and the nitrate of silver was again applied to the swollen parts, which was again repeated on the dorsum of the foot; but in twenty days from the time of the last attack, every vestige of the disease had disappeared, and the patient was able, though feebly, to support herself in walking across the room.

It would, perhaps, be going to far, to reccommend to the profession a mode of treatment so entirely new, from observations made on a solitary case, in a disease of so grave a character, as that of phlegmasia dolens, but in this case (which was certainly as serious as those cases generally are, in so short a time after the attack), the relief given by the application of the nitrate, was so prompt and decided, that I would certainly prescribe it in another case, with as much confidence in its curative power over this disease, as I would reccommend it in erysipelas.

In connexion with this case, perhaps it would not be inappropriate to remark, that I have been in the habit of using the nitrate of silver as a vesicating agent, in some cases where the cantharides are contra-indicated; and especially in diseases of the bladder, where a strong counter-irritation is desira-

ble, but where the absorption of the cantharides would be highly injurious. A solution in the proportion ʒj. to ℥j. of water is a very certain vesicatory, and is less painful than the flies, and in many cases, according to my experience with it, is much to be prefered; and it may certainly be applied with advantage, in cases where flies would aggravate the disease, and bring about no good effects.

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# Correspondence.

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GRAND PRARIE, Missouri, Oct. 30th, 1853.

*To the Editors of the Western Lancet:*

As the Alpha of your excellent journal is "Western," I have the bold assurance to flatter myself that an epistle from this "Western" region would be of interest to yourselves and readers; but if not, cast it into the "rusty old box," *ad referendum, ad valorem.* and let it

——— "Moulder there alone
Like Ginevra of ancient Modena
——— In her bridal dress."

Although we live "way down in the swamps of Missouri," as the folks out your way might term it, yet we manage to keep our "heads above the waves" in the way of medical and other improvements. In fact the time is fast coming when the medical profession in Missouri will rank with that of any other. No State in the world has more natural beauty than Missouri. She has great, broad rivers able to float the commerce of a continent; she has dashing mountain torents able to turn the spindles of ten thousand looms; she has wide stretching prairies, rolling off in gentle undulation like the great throbbing of the ocean. And these prairies are flower-crowned and fertile, that need only the plow to plant their bosoms with stalwart hemp, heavy headed wheat or thick waving corn. She has sweet sequestered valleys, where happy mortals, unambitious of the worlds prizes of fame, might lead a life of perfect peace, in the midst of Arcadian loveliness. She has swelling mountain spurs, that lift the dwellers thereon high towards heaven, where gales from the pure mountain tops of the Sierra Madra come to play with their locks, and where the utmost range of human vision fails to mark the

line where earth meets sky, in the misty blue of the distant horizon. All this has Missouri, and more; for she has many broad fields where the gleaming plow, now yearly cleaves the sod; and many green pastures, where innumerable flocks and herds recline, and chew the cud of contentment, with their fat, sleek sides glistening in the sun. And there are many fine young orchards, whose loaded boughs droop with golden fruit, and many comfortable farm houses, their pantries swelling with butter and honey, and whose hospitable doors swing to welcome stranger or friend to partake of their plenty and enjoy their cheer. And to fill the picture, Missouri has a wonderful city already built in her borders, though far from being finished in her greatness, famous for her medical literature and facilities, and many young towns fast budding into cities, and country towns and villages dotted all through her territory, that in beauty and freshness resemble flowers on the bosom of a bride. Such is Missouri, as it strikes the eye, and the man must be blind and insensible who can travel through our State and not feel the enchantment of the picture. And if we get one glance below the surface, and see there what does *not* strike every eye, then is the marvel a thousand times greater. Mines of wealth glitter in inexhaustible profusion, and dazzle the mind into a state of bewilderment, almost led to doubt the evidence of the senses. Messrs. Editors, we have given a picture, a birds-eye glance of Missouri, and pardon us if it is too highly colored. Our legislature has made provisions for the exploration of our most important mineral lands, to be reported annually. Professor G. C. Swallow has been appointed State Geologist for that purpose, and a better qualified man could not be found. He has called to his aid Drs. Litton and Shumard, worthy gentlemen, and of high standing in the profession. During the months of June and July, they made a careful examination of the greater portion of Boone county, and parts of Howard, and collected large quantites of the fossils known to be so abundant in the carboniferous rocks of those counties. Coal in abundance was found of the best quality. In July, Dr. Litton made valuable collections for analysis and the World's Fair. Thus our mineral wealth will be brought into immediate notice, which will astonish the world of Yankeedom and "the rest of mankind."

The situation of Missouri, as regards health, is good; her lands are high, consequently but few miasmatic marshes. All new countries are more or less sickly; thus it has been with

Missouri, but as soon as the under brush abounding in the timbered lands is cut out, and becomes more open and ventilated, she bids fair to be one of the healthiest States in the Union. The past year has been one of the most healthy ever known. However, along water courses and some other localities fever and ague, billious remittents, typhoid, scarlet fever, erysipilas &c., have existed, but of a mild type. In the counties of Boone and Callaway, since last March (and to this time to some extent) an eruptive disease, called by some of the Drs. small pox, and by others chicken pox, has prevailed among the blacks in toto, with a few exceptions. None have died out of some seventy cases. I am inclined to side with the anti small pox, as the disease pays no attention to vaccination or communication by clothes; patients are seldom confined, and no indellible marks. It has been a subject of controversy in the county papers by the doctors of Columbia, but has "died away and consumed." More anon.

Yours, &c., &c., J. E. T.

# Reviews and Notices.

*General Therapeutics and Materia Medica: Adapted for a Text-book.* By Robley Dunglison, M. D., Professor of the Institutes of Medicine, &c., in Jefferson Medical College; formerly Professor of Materia Medica and Therapeutics, in the Universities of Virginia and Maryland, and in Jefferson Medical College Philadelphia. With one hundred and eighty-seven illustrations. Fifth Edition, revised and improved, in two volumes. Philadelphia: Blanchard and Lea. 1853. pp. 556,523.

Dunglison's system of general therapeutics has been so long before the profession, that its character is well known and duly appreciated. The present edition appears to be fully brought up to the present state of therapeutical knowledge, and presents an excellent view of this important department of the healing art. We regard it as the most full and complete system of therapeutics issued from the American press, and therefore commend it to the profession, not only as a valua-

ble text book, but as an excellent system which may be advantageously consulted by the practitioner. For sale by H. W. Derby and Co.

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*A Teratise on Operative Opthalmic Surgery.* By H. HAYNES WATTON, Fellow of the Royal College of Surgeons in England, Surgeon to the Central London Opthalmic Hospital, and Assistant Surgeon to the St. Mary's Hospital. First American, from the First London edition. Illustrated by one hundred and sixty-nine engravings on wood. Edited by S. Littell, M. D., author of a manual of the diseases of the eye; surgeon to Will's Hospital for the eye and limb; Fellow of the College of Physicians of Philadelphia; etc., etc. Philadelphia: Lindsay and Blackiston. 1853.

This is a work of the highest degree of merit, fresh from the hands of one of the most experienced opthalmic surgeons of Europe; and commends itself highly to our notice, not only by presenting the science of opthalmic surgery, moulded to the type that modern research and discovery has given it beyond the Atlantic, but bearing on its title page the approving name of one of the most distinguished American occulists, Dr. Littell.

The work is written in a plain, but accurately descriptive and lucid style, that does not weary the reader, by drawing his attention from the subject, to fix in his comprehension some new-coined words, or "pedantified" sentences, that so frequently occur in some of our modern works. The whole range of diseases of the eye is thoroughly discussed, leaving little more to be desired on that subject.

The illustrations are numerous and accurate, possessing that beautiful blending of light and shade, so seldom obtained from wood engravings.

Every practitioner must have felt the want of such a work in his library, as the one here presented; and we have no doubt, that it will meet with an extensive demand.

*A Treatise on Veneral Disease.* By JOHN HUNTER, F. R. S. With copious additions, by Dr. Philip Ricord, surgeon to the Hôpital du Medi, Paris, etc. Edited, with notes, by Freeman J. Bumstead, M. D., Physician to the North-western Dispensary, New York. Philadelphia: Blanchard and Lea. 1853. p. 520.

This is, beyond doubt, the most important work extant on veneral disease. We have here the doctrines, fully and elaborately stated, of the two great masters in this department, Hunter and Ricord. No combination of names could be more appropriate or attractive; and we risk nothing in saying, that the product of their joint labors exhibits the most accurate and complete treatise on the subject ever published, and as they are the highest authorities in every thing relating to venereal affections, the work must necessarily become a standard book of reference.

The treatise before us is enhanced in value by the contributions of Sir Everad Home, Mr. Babington, and the editor; so that all the mooted points are discussed in the most complete manner, one criticising the other, and finally leaving but little more to be desired. We need hardly add, that no one who treats venereal disease should be without this valuable book. The editor has rendered an important service to the profession, for which he deserves much praise. For sale by Moore, Anderson and Co.

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# Progress of Medicine.

## ENGLAND.

*Lectures on Surgical Pathology.* Delivered at the Royal College of Surgeons of England. BY JAMES PAGET, F. R. S., lately Professor of Anatomy and Surgery to the College. 8vo. 2 Vols. London. 1853.

In 1847, Mr. Paget was appointed Professor of Anatomy and Surgery to the Royal College of Surgeons. At the time of his appointment, some were found to insinuate that he owed his high position to personal favor. The whisper died

the moment Mr. Paget gave his first lecture in the college theater. In subsequent years, his course of lectures was anticipated as one of the richest of professional treats, and the expectations formed were never disappointed. As each course was given, the lectures were published in one of our predecessors, (*the Medical Gazette*), with the exception of the last course, viz., the lectures on malignant tumors.

The lectures which have already appeared in print are, however, now made more complete "by the aid of numerous facts ascertained since they were delivered," and the addition of many things "which time, or their inaptness for oral delivery, obliged me," Mr. Paget says "to omit."

We may add, that every lecture is now illustrated by most accurate and beautifully-executed wood cuts.

As the majority of our readers must already be familiar with the substance of such of these lectures as have been already laid before the profession in another form, we shall limit our abstract to the section on malignant tumors.

Six lectures are devoted to the subject of cancer—viz., three to the anatomy and physiology of scirrhous cancer, medullary cancer, and epithelial cancer; one to melanoid, hæmatoid, osteoid, villous, and colloid cancers; and two to the general pathology of cancer. The general or naked-eye characters of hard cancers are first given; its microscopical characters follow.

With reference to the question of the existence of a "cancer cell," Mr. Paget says—

"The corpuscles of hard cancer are chiefly nucleated cells. In ordinary cases, and where the cancer has not been deflected from its normal course, their characters are constant and peculiar, and may be described for the types of 'cancer cells.' In shape they are various; usually a large majority are broadly oval or nearly round."

After describing the various other forms they may assume, Mr. Paget continues—

"But, we may observe, as Bruch and others have dnoe, on this multiformity as a feature of malignant structures. I know no innocent tumor except the cartilaginous, in which it is imitated. In size, the hard cancer-cells range from 11·600 of an inch to 1-700 of an inch in diameter."

The smallest cells are usually found in the cancers of quickest growth.

The cancer-cells, when quite fresh, are remarkable for their clear and pellucid appearance. So thin and delicate is

their cell wall, that Mr. Paget expresses his belief, "that the cancer-cells are often only shell-shaped masses of some soft, though tenacious substance, within which are nuclei."

The nuclei are more constant in appearance, and "even more characteristic" than the cells.

"They are always comparatively large, having an average diameter of about 1·2500 of an inch, and varying from this size much less than the cells do from theirs. The are regular, oval, or nearly round, clear, well defined, scarcely altered by commencing decomposition, or by water, or any moderately-diluted test substance. A single nucleus is usually contained in each shell; two nuclei in a cell are frequently found, but not in all specimens of hard cancer; more than two are rare."

Free nuclei are usually present in considerable number.

"Each nucleus has one, two, or rarely more, nucleoli, which, like itself, are large in comparison with the ordinary proportion between nucleoli and cells, and are peculiarly bright and well defined."

With reference to the diagnostic value of these microscopical elements, Mr. Paget remarks—

"These characters are so nearly constant and so peculiar, that an experienced microscopist can very rarely hesitate in forming upon them, a diagnosis of the cancerous nature of any tumor in which they are observed."

But the cancer-cells are peculiarly liable to degenerate; some wither, and then the only remains of the cell are a few amorphous shreds adhering to the nucleus; others undergo fatty degeneration, and then, the fat globules may be so abundant within the cell-wall, as to remove the nucleus from sight.

We may observe, that our own conviction that a cell-wall generally, if not always, bounds the body called a cancer-cell, is chiefly derived from the facility with which it may be seen in cancer-cells, undergoing fatty degeneration. With reference to the fibres found in hard cancer, Mr. Paget considers, that, in a large majority of cases, they are the fibres of the structure which is the seat of the malignant growth. At the same time he does not deny, that cancer blastema may be developed into fibrous tissue. But, he observes, "when hard cancer occurs in organs which have little or no fibrous tissue—such as cancellous bone, the brain, the liver, or the lymphatic glands—it presents as little or none of the same tissue; however hard it may be, it is formed almost entirely of corpuscles."

Hard cancers of the breast are divided by Mr. Paget into acute and chronic. The former are softer and more vascular than the latter. The proportion of cancer structure in them, is very large in proportion to the quantity of gland in which it has its seat. They may appear as distinct, isolated tumors, rather than an infiltration.

In chronic hard cancers the opposites of these characters are found.

The peculiarities offered by hard cancers, as they occur in various organs, are then described.

*The Pathology of Hard Cancer.*—"Here," Mr. Paget says, "I will limit myself to the histories of those of the breast, for, concerning the primary hard cancers of other parts, we have too few data for any general history. First, concerning the conditions favorable to the origin of the scirrhous cancers."

*a.* They exist in great preponderance in women.

*b.* The age of most frequent occurrence of scirrhous cancer of the breast, is between 45 and 50 years.

"I think," Mr. Paget remarks, "we may most safely hold, that the aptness of this time of life for the developement of hard cancer, is chiefly due to the general failure of the process of maintenance by nutrition, which usually has, at this time, its beginning, and of which the most obvious natural signs are in the diminution of the powers of the reproductive organs."

*c. Hereditary Predisposition.*—About one in six patients with hard cancer, may be reckoned as having hereditary tendency thereto.

*d. The Effects of Injury and Previous Disease.*—Of ninety-one patients, only sixteen, *i. e.*, less than one-sixth, ascribed the hard cancer to injury, or any such local cause.

*e.* As to the general health of women, at the time when hard cancer is first formed in them, a remarkable majority present the appearance of good health.

"I find, that in ninety-one cases in which I have notes on this point," Mr. Paget observes, "no less than sixty-six patients presented the general characters of robust, or, at least, good health; nine were of uncertain, or of moderately good health; and only sixteen were sickly or feeble."

Ulceration of hard cancer, either commences superficially and extends inwards, or it begins in the substance of the cancer, and thence makes progress outwards.

A most excellent description of the mode in which the ul-

ceration extends follows, and a very interesting case is given, in which an ulcerated cancer of the breast, regressed and healed coetaneously with the development of the tubercles in the lungs.

With reference to the duration of scirrhous cancer of the breast, Mr. Paget has collected sixty-six cases bearing on the point, and finds the duration of life to be something more than forty-nine months. Cases are on record, in which the disease terminated in four months, and life has been prolonged for twenty-five years. Mr. Paget sas, he is not aware of a single case of recovery. The most important condition, influencing the duration of the life of a patient, affected with hard cancer of the breast, is the age at which the disease commences; the earlier the disease begins, the more rapid its course.

As to the influence of an operation in prolonging life:—

"In forty-seven cases, in which the cancer was once or more removed by operation, the average duration of life, after the first observation of the disease, was again something more than forty-nine months. I believe, therefore, that the removal of the local disease, makes no material difference in the average duration of life."

A table, however, is given, which renders it probable, that the course of the more rapid cases, is retarded by operation. The constitutional part of the cancerous disease is little, if at all, affected by the removal of the local part.

Neither Mr. Paget nor M. Lebert, have met with a case in which recurrence was delayed beyond eight years:—"*It does not appear that the recurrence is, on the whole, later after early, than after delayed operations.*"

Recorded evidence does not, according to Mr. Paget, bear out the received opinion, that hard cancer is more likely to recur, and to recur more quickly, when the axillary lymphatic glands are cancerous, when the cancer adheres to the skin, or is even ulcerated, than when it is in a less advanced stage.

As to the circumstances under which a breast affected with hard cancer should be removed:—

1. In cases of acute hard cancer, the operation may be rightly performed; in such cases, its performance is justified by the probability, that it will, in some measure, prolong life, and will save the patient from dreadful suffering.

2. The operation seems proper in all cases in which the local disease is that which is causing the death of the patient.

3. It is also right to operate in all cases in which it is not probable that the operation will shorten life.

The operation should be avoided.

1. In well-marked cases of chronic cancer, especially in old persons.

2. In cases in which the cachexia is more than proportionate to the local disease.

3. When there is reason to believe in the presence of internal cancer.

4. When the patient is very feeble, very fat, intemperate, or in any of those conditions which make persons unfavorable subjects for surgical operation.

The space at our disposal does not permit us to follow Mr. Paget through the remainder of this part of his course, but the abstract we have given of the "lectures on hard cancer," will enable our readers to understand the value of Mr. Paget's work, in a scientific and practical point of view. It is by far the most able treatise on surgical pathology, with which we are acquainted.—*London Med. Times and Gaz.*

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*A Medical Travel to Burmah, through Rangoon, Pegue, and Martaban.*—The— regiment, 1000 strong, and forty-six officers, embarked at ——, for Burmah, Sept 7, 1852. The transit by water occupied about four days, when they landed at Rangoon. During the passage, several cases of dysentery, diarrhœa, intermittent fever, and one of cholera, occurred. The river where the vessels anchored, was hard, deep, and very dirty. The banks, except just where the town is built, were covered with most luxuriant vegetation, and trees reaching down to the water's edge. At the town, the banks for about twenty or thirty yards from the edge of the water, consisted of dark foul mud, which emitted a very offensive odor.

On landing, there were bad roads, with every here and there on their sides large patches of putrid stagnant water, or fœtid smelling marshes, full of rank grass.

The stockade, inside which the troops were quartered, being by far the best part of Rangoon, and about three quarters of a mile from the river, which flows on its south and west sides; while to the north is jungle, as far as the eye can reach, suddenly bounded by a range of hills to the eastward. At about three miles distance, flows the Pegue river, which empties itself into the Rangoon river, below the town.

The barracks for the troops are lofty, comfortable, and well aired, built of teak-wood, and raised about three feet from the ground. Great praise is due to the Governor-General, for the liberal manner in which he had them built, and also to General Godwin, for the efficient state in which he has kept the Commissariat, and the lively interest he has always taken in the health of the soldiers; while the heads of the medical departments were indefatigable in their endeavors for the bodily welfare of their fellow-men. Thus, all grades of the army were stimulated to exertion, and this, I think, accounts in a great measure, for the comparatively healthy condition of the troops; but, of course, sickness must be everywhere present, and the atmospheric changes are so sudden, that I think they, in a great measure, account for almost all the disease occurring here; the nights being very cold and damp, rendering it necessary to be well covered up with blankets, while the heat during the day was so excessive, that "sun strokes" were as common there as in any place on the globe—the difference of temperature between four A. M., and two A. M., being often, or usually, 40°; and the dews in the night time are so heavy, that clothing, which has been left uncovered, is not safe to wear in the morning, before being well aired.

A large and unwholesome species of plantain is very common and very cheap; of this the soldiers freely buy and eat, and it produces great irritation through the whole extent of the viscera.

On entering a hospital, the first thing that excited the attention, was the number of cases of boils and dysentery. The skin of some of the patients was covered with innumerable, small, and very painful boils; others being affected with a few large ones; and men, who had left the hospital recovered from boils, were frequently re-admitted with dysentery. Now we know, that the mucous membrane and the skin are, physiologically, only the internal and external skin, and I think there is a strong analogy between the two diseases.

Ulcers have also a great tendency to spread, and wounds to run into "hospital gangrene."

Intermittent fever is not common, but frequently fatal; remittent fever more rare, but equally dangerous. Smallpox, about December, January, or February, is usually virulent, especially among the Burmese; and cholera, at uncertain intervals, shows itself, but mostly among those who have eaten unwholesome food, slept out in the open air, slept on board

ship, or near the river. Conjunctivitis is also common, and said by some to be difficult to cure; but this I attribute to the vigorons measures employed; for, where bleeding and nitrate of silver will not succeed, I have fonnd no difficulty in relieving the cases, by following out Tyrrell's simple mode of treatment. Having thus briefly mentioned the most prevalent forms of disease, I now give some of the symptoms and methods of treatment which were found to succeed best. But first, for the prevention of disease, which is better than cure.

There have been great, and I conceive, most useless discussions (at least for practice, whatever they may do for theory) as to the use of flannel worn round the abdomen in hot climates. Many officers and men complained, more especially after first landing, of experiencing daily attacks of diarrhœa, between the hours of 2 A. M. and 6 A. M. In nearly every case of this description, a flannel roller, worn round the abdomen, effected perfect relief. It prevented the cold acting on the intestines during the cold hours of the morning as it otherwise would have done. Soldiers going on night-duty in their trowsers were constantly, after a day or two, admitted into the hospital, suffering from dysentery. Afterwards cloth trowsers were substituted, and the almost instantaneous diminution in the number of cases indicated that the vicissitudes of temperature acting on the bowels are common causes of developing dysentery; but much caution is necessary as to diet; all fried articles ought to be eschewed, as the "ghee" is very bad. The question here arises—what is dysentery? Every one that I have met has his own separate theory, though I know not that theories have hitherto tended much to the cure of disease. Dr. James Johnson destroyed those of all that came before him with an unsparing hand. He then raised a new one, which I think, in its turn, will not stand the test of experience. I will not try another one, but will stick to facts. In not half the cases that die of dysentery is the liver found diseased, but perforations and ulcers in the whole or parts of the large intestines are invariable, and often feculent matter is present in the cavity of the peritoneum, having escaped through one or more of the openings in the bowel. If dysentery resulted from vitiated bile passing into the intestines, and there setting up inflammation, the small intestine would suffer; but they are never the seat of disease in simple dysentery; but around the ileo-cœcal valve, the hepatic, splenic and sigmoid

flexures of the colon are the places where ulceration is most abundant—the first more especially so—and there perforation usually exists. It is obvious to the most superficial observer that inflammation was from the first present in the mucous membrane of the large intestines, and this is often called into action by apparently trivial causes. A patient was admitted into the hospital who suffered from piles, and with slight irregularity of the bowels. He had some "Ward's paste" at night; the next morning a violent attack of dysentery supervened. Another patient came to the hospital, complaining of headache, and was given a drachm of compound jalap powder; the next day he was attacked with dysentery.

All the symptoms of dysentery have been so repeatedly and so well described that repetition would only waste time and space; but the partial and profuse sweats of various descriptions I consider as only sympathetic between the skin and mucous membrane of the bowels, as we often see in other diseases. The pulse is altered, as it almost always is when inflammation is present. But because disease of the liver being sometimes present, that gland is to be considered as a material agent in the cause of the disease, I venture to deny; and in most of those cases in which it is present, their histories give evidence of previous drunken habits or former disease of that organ. The drunkard should beware of this climate; it has been the burial-ground of many, both officers and men.

Dysenteric cases may be separated into two large divisions, viz., those of a low typhoid type, and those of an inflammatory type. The minor sub-divisions may be almost infinite, and would be quite useless in the first division, as no two cases are perhaps alike; in the second, all are very similar.

The first thing to do, after becoming acquainted with the patient's history, is to make him lie on his back, and make a most thorough and minute examination of the whole surface of the abdomen; and this must be repeated regularly twice a day, at least. Pain is complained of in the hypogastric region, while pressure causes agony where the inflammation is most intense. This will most usually be about the ilio-cæcal valve, or sigmoid flexure of the colon, though not uncommonly all across the transverse colon. The tormina and tenesmus are excruciating, but usually, by the proper remedies, relief is soon afforded. The first thing to be enjoined is the most perfect rest in the horizontal posture, with

farinaceous diet, such as sago and arrowroot. If the patient is low, wine must be added. We now come to the treatment. As inflammation of a severe form is present, and which, if left unchecked, will almost invariably destroy life, it becomes necessary to combat it, and with no unsparing hand; for even if, without taking blood, the patient recover, it is mostly at the sacrifice of irreparable mischief to the bowels. But as, in all cases, there is in that climate (except among a few recruits) an inability to lose blood from the arm, leeches are our recourse; and, fortunately, in Burmah they are very common and very good. They should be applied without loss of time in two places, and for two reasons—around the anus, which affords almost immediate relief to the painful straining, by relieving the hæmorrhoidal vessels; and wherever pain is present on pressure among the bowels—ten or twenty to either place, according to the patient's condition; afterwards hot fomentations over the surface of the abdomen, and at night a large bran poultice, as well as an anodyne enema. Large injections of warm water afford great relief. The internal treatment that appeared most successful in the first stage was this: Ten grains of calomel, with two of opium, immediately on admission. The calomel soothes the irritated surface of the intestinal canal, especially when combined with the opium, and prepares the way for a dose of laxative medicine the next morning, in the form of castor oil and laudanum. Almost invariably the patient is now very much improved, but the leeches must be continued as long as pain is felt on pressure, or straining is experienced on going to stool; and anodyne enemata nightly, with castor oil and laudanum every alternate morning, are very serviceable. But the pulse has still to be kept under; inflammation is not yet subdued; and pills, composed of 1½ gr. of blue pill, 1½ gr. of Dover's powder, and 1½ gr. of ipecacuanha, given every half hour, mostly have the desired effect. But, though this treatment will succeed in the majority of the inflammatory cases, in some most rapidly, in other cases the inflammation runs on, though this is usually from improper treatment at the first; then we get that form of excretion like beef-washings. Here the danger is considerable. Numerous remedies have been tried, but the success of all has been little; the best appears to be nitrate of silver, given in doses of 1½ to 2 grs., or the nitro-muriatic acid; but free leeching must be continued. Blisters are inapplicable in the early stages of dysentery, though useful in the latter. Cases may

be pointed out in numbers, where they have effected an apparent cure, but numbers may also be noted, in which, from the pain of the blister on the abdomen, we were unable to discover if inflammation was present, underneath in the bowels; the symptoms being thus masked, the patient's life has not unfrequently been sacrificed. Calomel and opium are almost safeguards. I have never, that I can call to my recollection, seen a patient under the influence of calomel, die in dysentery; but the cases are much more tardy in their recovery, and the patient's strength is much exhausted.

Quinine, in the treatment of this disease, is as useless as the experiment is foolish. It never succeeds, unless combined with other remedies, which of themselves are enough without its presence. There is only one class of cases in which it can with safety be used in combination, viz., in some of the low typhoid cases, in which intermittent fever also shows itself at times; but as a remedy for dysentery on the march, it is only superfluous lumber. In the low forms of the disease, the same treatment has to be adopted. though not on so severe a scale; and in these cases chalk mixture, are serviceable, and frequent anodyne enemata, and wine given in the food.

If much flatulence is present, a most efficacious remedy is port wine ʒii., brandy ʒii, laudanum m xx. The relief this affords is very great.

This, in a rough manner, is what I have found the best treatment. I have seen tried, and have tried myself, numerous other methods, but I am convinced, if this were folowed out, the average deaths would be most materially decreased.

Giving drastic purges evry other morning, according to what I have seen, is irritating the bowels to more inflammation.

Nitrate of silver injections are, by some, much used, and with great success. I have not tried them to any extent.

I shall take you a visit to Pegu and Martaban—the latter is the place for fever, and also for deaths. A company of European Artillery, 90 strong, were posted there, and, in three moths, 18 were buried, and almost every one of the rest had been in and out of the hospital.

My work has been very heavy, never less than twelve noars a-pay. I averaged about 40 cases a-day of dysentery and diarrhœa, and, out of those, the average of deaths was 1½ per month. The hospital usually contained from 90 to 120 cases; and deaths from all causes, 2 to 4 a month.—*Cor. for the London Med. Times and Gaz.*

*General Board of Health Notification.*—General Board of Health, Whitehall, Sept. 20.—It is the painful duty of the General Board of Health, to notify a third visitation of epidemic cholera. This disease again, first breaking out in Persia, has extended within the present year over a large portion of Russia, stretching as far northwards as Archangel, on the shores of the Arctic Ocean; it has ravaged Denmark, Norway, and Sweden, and then developing itself into the North of Germany, it has attacked Stettin, Berlin, Rotterdam, and Hamburg; and subsequently it has appeared in England, again breaking out on its north-east coast, in the near neighborhood of the town in which it made its first appearance in this country in 1831.

In this wide-spread course, it has everywhere overleaped the barriers, which quarantine has erected to stay its progress; and where this means of protection has been most rigidly enforced, it has not only disappointed the expectation of those who have relied upon it as a safeguard, often to the neglect and exclusion of the most important precautions, but has aggravated the evils of the pestilence, and added disastrous consequences of its own.

The experience already obtained of this pestilence at Newcastle, Gateshead, and Hexham, is decisive, that where the conditions are favorable to its localization and development, as is the case in these towns, the disease has lost nothing of its former virulence. In the two former, indeed, the severity of the disease, as far as it has yet extended, has greatly exceeded that of any former visitation, and it has attacked in all those places, as it has abroad, a mnch larger proportion of the middle and higher classes.

It is deeply to be lamented, that the interval between the last visitation of this pestilence and the present, has not been generally employed in effecting a larger amount of improvement in our cities and towns. From such inspections as the General Board have recently been enabled to make, of the state of populous districts, the former seats of the disease, in apprehension of its re-appearance, they are compelled to state, that there are extensive districts, and even entire towns, in which no perceptible improvement of any kind, has been effected. On the other hand, there are instances, in which, even where no general permanent works of improvement have been effected, better supplies of water, extensive flagging and paving, more frequent scavenging, and a more active removal of nuisances in epidemic localities

have been accomplished. Combined and permanent works, involving elaborate engineering measures, capable of remedying the neglect of years, cannot be effected in a few weeks. But the conscientiousness of past neglect should stimulate to immediate and resolute exertion, that all which the time requires, and which can be done, may be done. The results in some instances, even of limited and partial improvements are highly encouraging. During the present epidemic in Hamburg, which has now been prevailing upwards of six weeks, only six cases of cholera have occurred in the improved parts of the town; and during the whole of the epidemic in the Metropolis in 1849, not a single case of cholera occurred in any one of the model dwellings for the poor, occupied by similar classes of the population, though the pestilence raged in the districts in which these buildings are situated, and there were instances of two and even four deaths in single houses close to their walls.

Even in towns in which the greatest amount of improvement has been effected, and in which works under the Public Health Act are more advanced, much remains to be done, and may be done. Local Boards of Health are invested, under the Public Health Act, with ample powers for cleansing, for the removal of nuisances, for preventing the carrying on of unwholesome or noxious trades in such a manner, as to injure health, for preventing the occupation of cellars as dwelling-houses, unless under certain conditions; for preventing the occupation of any dwelling-house which, on the certificate of an officer of health, shall appear to be in such a filthy and unwholesome state, as to endanger the health of any person, until such house have been properly and effectually whitewashed, cleansed, and purified; and for administering the Common Lodging-houses Act, the provisions of which are most important. All those powers should be exercised at the present juncture with extraordinary activity, vigilence, and stringency.

But, though it may be needful to prosecute the work of cleansing, more vigorously than in ordinary periods, yet, it should be done under supervision, and with extraordinary care. In removing accumulations of filth, precautions should be taken for disinfection, and for preventing the increase of noxious evaporation. The contents of foul drains, sewers, and ditches should in no case be spread upon the surface, and no large accumulation of filth should be removed, excepting under the direction of a medical officer. The escape

of noxious effluvia is far more dangerous in an epidemic than in any ordinary season.

The evil of overcrowding, so general, not only in common lodging-houses, but in tenements of all descriptions occupied by the poorer classes, especially by the Irish—an evil preventible, and, to a considerable extent, removable—should be at once and by all practicable means reduced.

Wherever local Boards of Health exist, they should in all cases co-operate with the Boards of Guardians; and it is believed that the Boards of Guardians will, on their part, co-operate with local Boards. The existing means for the extraordinary service now required, are divided among independent local jurisdictions; medical officers in England and Wales, being under Boards of Guardians; works of sewage and cleansing in towns, not under the Public Health Act, being under Town Commissioners, acting under local acts; and the enforcement of orders required for the public service, being with the magistrates or municipal authorities. It is confidently expected, that a common feeling will give precedence to the branch of service specially needed on this occasion, and insure that unity of action, which it is the main object of the rules and regulations issued herewith, to authorise and promote for the common object.

Experience has shown that, in the case of the actual outbreak of the epidemic, the chief measures to be relied on, for checking its spread, are those which prevent overcrowding, remove persons from affected houses, and bring the infected population under prompt and proper treatment during the premonitory stage of the disease. During the epidemic of 1849, an organization for effecting these objects was brought into operation, the main parts of which were, the establishment of a system of house-to-house visitation, the opening of dispensaries and houses of refuge, in affected districts for the gratuitous supply of medicines, the establishment of houses of refuge, for the reception of such indigent persons, as appeared to be in imminent danger, resident in the most filthy and overcrowded houses, the provision of temporary hospitals, for the reception of those who could not be properly treated at their own homes, and in some instances the supply of tents, for the removal of the most susceptible and destitute classes, to a distance from infected localities. The result of this system was that, out of 130,000 premonitory cases brought under its operation, no fewer than 6000 of which, were on the point of passing into the developed

stage, only 250 went into the collapsed stage of cholera, or 1 in 520. But, of the 43,737 cases under visitation in the metropolis, including 978 cases on the point of passing into the collapsed stage of cholera, only 52 actually did so,—not 1 in 800; so that, taking together the general result of this extended experience, it appears, that the proportion of cases under early treatment, which passed from the premonitory into the developed stage, varied from 1 in 500 to 1 in 800.

No doubt is now entertained of the efficacy of this system, or of the duty of local authorities to carry it into effect on the very first appearance of this disease in an epidemic form, and, as none can tell where or how suddenly the pestilence may alight, it is the duty of the local authorities to be prepared for the emergency, before its arrival. Preparation will be attended with little cost; the power to act with promptitude and efficiency, when the necessity for action arises, will be attended with a great economy of money as well as of life.

With reference to those precautions against the disease, which each individual may take for himself, or the heads of families or establishments for those under their charge, the first in importance, are personal and household cleanliness, and the freest ventilation of living and sleeping rooms with pure air; the purity of the air we breathe, being even more essential, than the wholesomeness of food and drink.

When the disease has actually broken out, and become epidemic in any district or locality, then the one essential precaution, is not to neglect for a single hour, any degree of looseness of bowels. This symptom being commonly without pain, and so slight, that it is difficult to conceive that it can be of the smallest consequence, naturally leads to neglect, and this neglect has cost the lives of thousands. Were any additional proof of this required, it would be found in the events that are now occurring at Newcastle and Gateshead; all the medical men there bear testimony, that premonitory diarrhœa is all but universal, and that life depends on an instant attention to this symptom.

Thus, one physician says, "He has never yet seen a case without premonitory symptoms;" another states, "He has found, in a great number of instances, where the men said they had been first seized with collapse, there had been neglected diarrhœa for twenty-four hours, or even forty-eight hours, or longer;" another declares, "In all cases of collapse investigatsd, it is found there had been neglected diarrhœa." Even in the cases in which death takes place with

the greatest rapidity, the suddenness is apparent only, not real; for the fatal collapse is the final but gradual result of diarrhœa, neglected for several hours, and sometimes entire days. It must, then, be repeated, that in any district in which cholera is epidemic, life may depend on obtaining prompt and proper relief for painless and apparently trifling looseness of the bowels.

The measure of precaution next in importance, relates to the proper regulation of the diet. Great moderation, both of food and drink, is absolutely essential to safety, during the whole duration of the epidemic period; an act of indiscretion has been often followed by a severe attack; intemperance at such a time, is fraught with the most extreme danger. During the epidemic of 1849, sudden and fatal attacks of the disease followed immediately on the indulgence of habits of drinking, after the receipt of weekly wages. The intervals between the meals should not be long, cholera being uniformly found to prevail with extraordinary intensity among the classes that observe the protracted fasts, common in Eastern and some European countries.

The utmost practicable care should be taken against fatigue, which is a very powerful predisposing cause of the disease. Employers, and persons engaged in laborious occupations, should endeavor, as far af possible, so to arrange the amount and time of work, as to avoid physical exhaustion.

Warm clothing is of great importance. During the present epidemic in Hamburg, it has been found that incautious exposure to cold and damp, has brought on an attack as rapidly, as improper food or excess. This precaution against damp, is rendered doubly important by the peculiarity of the present season. Long-continued and excessive rains have, in many places, surcharged the ground with moisture, especially undrained and low-lying districts, placing, in many instances, the land contiguous to towns, and beyond the usual range of town drainage, almost in the condition of marshes. The exhalations arising from a surface thus saturated often with water, holding decomposed matter in solution, spread to the towns, and affect the inhabitants, however well-drained the immediate sites of the towns may be. The General Board were so apprehensive, that disease would be extensively produced by this unusual and dangerous state of a large portion of the country (an apprehension which was subsequently realized by the breaking out of disease, allied in character to cholera, in 60 towns), that in their Notification, issued in

December, 1852, they represented to local authorities, that this calamity afforded a special occasion for administering extraordinary assistance to the poor, to enable them to keep large fires in their rooms, to protect themselves from cold and damp by warm clothing, to sustain their strength by a solid and nutritive diet, and to counteract the predisposition to disease induced under these peculiar circumstances, by suitable tonics and other remedies, under medical direction. This representation was made, when there was a threatening of the return of cholera; it is now among us, and the General Board would remind the affluent, that the opportune supply to their poorer neighbors and dependents of wholesome food, warm clothing and bedding, and even such remedies (to be always in readiness) as their medical attendant may recommend for looseness of bowels, is charity in the truest sense, and may be the means of saving many lives. It is also much to be desired, that the General Board would strongly recommend, that the higher classes should co-operate with the clergy, who have done so much to promote the object of the Legislature under the Public Health Act, in making frequent visits among the poor, and impressing upon them the importance of following the instructions here laid down, with reference to which there is a perfect accordance between the College of Physicians and the General Board of Health.

In conclusion, after the large experience of this disease, which has been obtained since the General Board of Health issued their first Notification, (1848), they can now repeat, with greater confidence, what they then urged,—that, formidable as this malady is in its intense form and developed stage, there is no disease against which it is in our power to take such effectual precaution, both as collective communities and private individuals, by attention to it in its first or premonitory stage, and by the removal of those agencies, which are known to propagate the spread of all epidemic diseases, or, where that may be impracticable, by removal from them. Though, therefore, the issues of events are not in our hands, there is ground for hope, and even confidence, in the sustained and resolute employment of the means of protection, which experience and science have now placed within our reach.

By order of the General Board of Health,

C. MACAULAY, Secretary.

## UNITED STATES.

*On a Court of Medical Experts in Cases of Insanity.* "The advantage and expediency of establishing by law, in each State or district, a Board of Commissioners of Experts, for the purpose of investigating and testifying in trials, criminal and civil, where the questions of mental soundness are involved." By Wm. H. Stokes, M. D., Physician to the Mount Hope Institution, Baltimore, Md. Read before the Annual Meeting of Medical Superintendents of American Institutions for the Insane, held at Baltimore, May 10, 1853.

It would be scarcely possible unduly to exaggerate the difficulties and embarrassments experienced, in most cases, by juries, where the plea of insanity is advanced in extenuation of crime, and where it becomes, consequently, necessary to examine medical witnesses, for the purpose of enlightening them on points concerning which they can not be expected, by any previous knowledge, to be acquainted. Hence, the necessity for the inquiry, whether the ends of justice would not be promoted, and juries assisted in the performance of their responsible duties, by the appointment of a Board of Commissioners of experts, whose duty it should be, after a thorough examination of each case, to testify as to the validity of the grounds on which the plea rests.

It will conduce to a clear understanding of the important relations of this subject, and assist us in arriving at a satisfactory conclusion on the question at issue, if we first pass briefly in review the course of procedure now generally adopted in our courts whenever the irresponsibility of an individual is sought to be established, on account of a supposed mental impairment. By thus considering the operation of the present system, and the results flowing from it, we shall be better enabled to detect the inconsistencies and evils, if any, attaching to it.

In the majority of the States of this Union, as well as throughout most of Europe, when an individual has committed an offence, and insanity is alleged in his defence, one or more medical men are either summoned to attend at the trial, and hear the evidence of witnesses, or they are directed to hold an interview with the accused in the jail previous to the day of trial, and from such opportunities of information they are called upon the witness stand to deliver an opinion as to the existence of insanity at the time of the commission of the act. The medical men are generally selected, either

because the counsel happen to be acquainted with them, or because they are supposed to have had some knowledge of the accused. The selection is usually made irrespective of any peculiar fitness on their part. Their capability of forming a just, accurate, and unprejudiced opinion on the question at issue, it is well known, but rarely constitutes the ground of their appointment. The effect of such a course can be readily conceived. It constantly happens that, as this matter is entirely under the control of the counsel, and the selection rests with him, motives of expediency alone govern and influence his actions. He is therefore careful to secure such professional men as are most likely to subserve his particular purpose, and they, flattered by the compliment thus paid their superior discernment, and the temporary importance it gives them, are almost unconsciously led, by a little adroit preparation, and a statement of the facts it is expected to prove, to entertain views in accordance with the side the lawyer advocates. That there exist in our profession not a few who are ready to compromise their independence under such circumstances, can hardly be denied—men who do not hesitate to testify for or against the insanity of an individual accused of a criminal offence, both without possessing a sufficient acquaintance with mental diseases to enable them to form a correct opinion, and without having enjoyed opportunities for that thorough and repeated examination of the case in question which, in numerous instances, is absolutely necessary, before an accurate and trustworthy judgment can be formed. Can we be surprised, then, that men, thus selected and summoned, without reference to any special qualifications, and without facilities for an adequate investigation of the case, to give evidence upon a point oftentimes of the most intricate and difficult character, instead of expressing the results of a dispassionate examination of scientific facts, but reflect the views and opinions of the counsel who require their attendance?

Even should the medical man be desirous of forming his opinion free from all prejudice and improper bias of this nature, should he wish to enter upon the examination of the accused, uninfluenced by other considerations save the wish to arrive at the truth, and to discharge honestly and conscientiously his duty, he still finds himself embarrassed at the outset by a want of familiarity with the subject of insanity. The majority of physicians have not given that attention to this department of disease, and have not received the neces-

sary mental training, to qualify them for this duty. Maladies of the mind, with their multiplicity of shades and varieties, have constituted no part of their medical education. That class of diseases which is of all others the most intricate and obscure, and which to comprehend in their countless shades of difference and varieties of form, requires the nicest discrimination, the most accurate judgment, and the closest observation—this class has received no share of their attention and study. They are generally free to confess their want of all practical knowledge and experience in regard to them, and do not hesitate to abandon their treatment to others more conversant with them. The impression very justly prevails in the profession, that mental diseases require, for their successful management, separation from home and its influences, and removal to an institution possessed of appropriate arrangements and means for their treatment. Hence few are willing to undertake to conduct the medical treatment of a case of insanity amid the inauspicious circumstances surrounding him at home. It is not, therefore, surprising that practitioners in general are destitute of a practical acquaintance with this class of diseases. And yet in a case involving the most important interests—the reputation or life of a fellow being—when his irresponsibility for an act of criminality is advocated on the ground of mental unsoundness, many flatter themselves into the belief of their being perfectly competent to express an unequivocal and decided opinion. In consequence of his want of familiarity with the intricacies and obscurities which invest the subject of insanity, and carried away by a dangerous presumption, and the dexterous management of ingenious counsel, it frequently happens that the physician is led to the expression of sentiments abounding in inconsistencies and absurdities. The reports of trials, in which the question of insanity is involved, present no scarcity of instances illustrative of the truth of this remark.

Then again, admitting the medical witness to possess a practical knowledge of insanity, it is almost impossible for him, as the matter is now managed, to arrive at a conclusion that should be considered satisfactory and deserving, of confidence in so important a case. As if to surround the accused by all the circumstances best calculated to embarass the examiner, there exists the most unaccountable deficiency of every proper facility and opportunity for investigating the case. He is, perhaps, directed by the counsel to visit the arraigned party

at the jail, and there, in the presence of one or more deputies, and surrounded by numerous other culprits, he is expected to determine, at a single interview, and after a brief examination, the mental state, as to soundness or unsoundness, of the individual in question. If actually insane, the medical man may be again and again baffled in the most ingenious attempts to elicit it. In these formal interviews, it may often happen that the real condition of the mind, and well-marked and characteristic delusions, may be concealed from the most shrewd observer, and may successfully elude the best directed efforts to draw them forth. We all know with what dexterity the insane man, if he has a sufficient motive, can resist the manifestations and display of his disease—how rationally he will discourse, with what propriety he will conduct his movements and actions, and how very different he may appear when left to himself, and unconscious of being observed.

Again, the time when the inquiry is conducted may be inopportune. Many only display their mental impairment under peculiar circumstances, at particular periods, and when a certain cord of feeling or train of thought is touched. In the absence of these, it may be impossible, at a casual glance and on a hasty examination, to detect the real malady. How inadequate are such means of inquiry as those above alluded to, for the detection of moral insanity—those numerous instances in which the insane manifestation is merely found in the conduct, habits and acts, the reasoning powers being unaffected! No hurried examination will here suffice for determining the true nature of such cases. Here the most profound acquaintance with insanity in all its varying characters, and the nicest discernment, with all the advantages of a searching and repeated scrutiny, will be required to distinguish a mere eccentricity and irregularity of conduct from that change of character and perversion of feeling which are the effects of disease. How lamentably deficient are the provisions of the law for the elucidation of all such cases, must be apparent to every one. However competent may be the medical witness for the task, the ends of justice are at present sure to be often defeated, in consequence of the want of suitable arrangements and proper opportunities, provided by law, for a satisfactory investigation and appreciation of the case. To test and determine a question so replete with interest and importance as that relating to the true mental condition of an individual accused of a criminal

offence, and for whose release from the penalty attaching to it, the plea of insanity is presented, we would naturally suppose that the law would afford every facility for insuring a free, full, and dispassionate examination. For this purpose, numerous visits, made at different and unexpected periods, when the accused can be seen alone and often, and at times when he is not aware of being observed, are imperatively necessary; and a wise and enlightened administration of the law should not be satisfied with anything short of this. But the present system and course of procedure are wholly at variance with what is here shown to be required by the very nature of the case, and the essential characteristics of insanity.

Having, in the preceding remarks, enumerated some of the evil consequences and disadvantages attending the practice at present authorized and countenanced by law, let us now proceed to examine into the expediency and propriety of the court establishing a Board of Commissioners of experts, constituted of persons wholly disinterested and practically acquainted with mental disorders, for the purpose of investigating and testifying in trials, criminal and civil, when the questions of mental soundness are involved. Having already, in the course of the foregoing remarks, presented some of the objections to the practice of taking opinions on this subject from witnesses specially selected by those who are to be benefitted by their evidence, and who are professedly incompetent, by reason of a want of familiarity with diseases of the mind, and of sufficient opportunities for examining the case in question, it would be an unpardonable trespass upon the time and patience of this association, to enter upon a labored argument to demonstrate how much better the ends of justice would be subserved by leaving such questions to be decided by a Board of experts, of competent knowledge, and appointed under proper restrictions as to independence, &c. Here we have the only security for the proper performance of this duty, and it must be apparent that only under such an arrangement can it be possible to ascertain satisfactorily the mental condition of a prisoner suspected of being insane.

By the appointment of such a Board, consisting of two or more individuals entirely independent in their action, wholly disinterested and free from personal bias, the most essential aid and service would be rendered the jury. It would be relieved of a weight of responsibility and difficulty that must

be felt by every enlightened and conscientious jury to be sorely oppressive, when required to decide on a case amidst the conflicting opinions and contradictory statements of the medical witnesses.

To possess, for their guidance in a case of doubtful insanity, the matured results of a full and patient examination, made by a body of men who are known to have enjoyed unusual opportunities for studying the character and conduct of the insane, and who possess the qualities of mind necessary to enable them to profit by their observations and experience, the arduous task devolving upon them would be shorn of the fullest measure of its embarrassment. In the opinions of such, perfect confidence could be reposed, as it stands to reason that they who have made the ever-varying forms of mental disturbance their immediate care and study, must be better qualified to weigh the evidence for and against the reality of the alleged insanity than those who never had such opportunities, and who are consequently devoid of all practical knowledge of the subject. Does any one entertain the fear that the views emanating from such a source might exercise an undue ascendancy, and encroach upon the legitimate functions of the jury? It is difficult to imagine any just ground for such an apprehension. It is impossible to perceive what danger or inconvenience could result from the proposed arrangement on this score. The evidence of the Board of experts would not decide the case; their opinion would go to the jury with the rest of the testimony, after having been analyzed and sifted by the judge, and the jury would estimate its value in accordance with their oath. Far from its interfering, in the slightest measure, with the prerogatives and peculiar functions of the jury-box, it would still devolve upon the jury to consider and decide upon the true value and correctness of the conclusions thus arrived at. It has been well remarked that "the proper duty of the medical witness is to assist the court with his experience and advice to arrive at a just decision in the particular case. It is not to say what symptoms are most frequently observed in insane persons, or to deliver abstract opinions on the nature of insanity generally, but to deal with the individual case; to give the court reasons why he adopts the conclusions at which he has arrived; to state, in fact, what are the particular circumstances which have led him to form his opinion of the case; in other words, to say why he thinks the accused sane or insane, as the case may be, and then leave the jury

to determine whether the reasons are sufficiently satisfactory to induce them to adopt his opinion."* In the adoption of this course of procedure, there could be no good ground for a fear of their usurping the province of the jury. They would merely afford such assistance in guiding the jury to a right decision, which their more enlarged experience and practical acquaintance with a class of diseases the most difficult to understand peculiarly qualifies them to yield; and, indeed, without such assistance, there is the strongest probability "that they will be left to form their conclusions with the great danger to the cause of humanity and justice, of thinking more of the nature of the offence than of the probable irresponsibility of the accused." That the danger here alluded to is not chimerical, abundant testimony is not wanting. The annals of criminal jurisprudence, unfortunately, teem with instances portraying the sad effects of forming a verdict without due reference to the state of mind in which the act was committed.

The clear, positive and practical views, emanating from a Board so constituted would thus tend to the protection from the extreme penalty of the law of those whose acts have rather had their source in the afflictive dispensations of Divine Providence than their own criminality. Their tendency would be to relieve such cases of much of the difficulty and perplexity incident to them, and, at the same time, to lighten the oppressive duties resting upon the jury. There would seem, therefore, to be no well-founded objection to such a change being engrafted upon our modes of criminal procedure, that when the plea of insanity is presented in extenuation of an offence against the laws, and the court entertain reasonable doubts of the person's sanity at the time, that he should be placed under the daily observation and surveillance of one or more experts, whose report should be received in evidence at the trial. The very fact of the existence of such a Board would have the salutary effect of deterring individuals from attempts to stimulate insanity, for the purpose of escaping the just penalty of the law. Offenders, knowing they would be subjected to the keen scrutiny and searching analysis of those too long familiar with the genuine disease to be imposed upon or deceived by efforts to counterfeit it, and that every act, word and movement, would be systematically watched, few would have the effrontery to subject

* "Remarks on the Plea of Insanity, and on the Management of Criminal Lunatics," by Wm. Wood.

themselves to so severe an ordeal. With such a legal provision for satisfactorily establishing or disproving the existence of insanity, members of the bar, too, would be less ready to plead this defence. No lawyer would be found so regardless of his own reputation and interests as to hazard the attempt to shelter his client from the punishment attaching to his crime, without well-founded grounds for believing it could be successfully urged and sustained. It would also tend to allay the morbid sensibility existing in community in reference to the dangerous consequences of the too ready admission of this plea. By such a salutary enactment, the public would possess a guarantee that the shield of protection, thrown by enlightened humanity around the unfortunate subject of a disordered intellect, would not be abused. The suspicions of the public upon this point would be removed, and that deep-rooted and growing prejudice with which every jury is now disposed to view this ground of defence would be obviated or corrected. Thus, in every view of the case, the cause of justice would be advanced and promoted, and by its general adoption, the plea of insanity would at once be rendered powerless of evil. In France, and in most of the German States, this course of procedure has been successfully engrafted upon their judicial proceedings, and its advantages and expediency are there recognized and established. In the State of Maine, this change has also been enacted in the ordinary methods of criminal procedure, in cases where the accused is alleged to be insane. The act provides that, "When any person shall be charged with a criminal offence in this State, any judge of the court before which he or she is to be tried, on notice that a plea of insanity will be made, or when such plea is made in court, may, if he deem proper, order such person into the custody of the Superintendent of the Insane Hospital, to be by him detained and observed, until the further order of the court, in order that the truth or falsehood of the plea may be ascertained." A similar provision, established by legal enactment in all the different States, would doubtless tend greatly to further the cause of justice, and to relieve this department of criminal jurisprudence of one fertile source of mischief and perplexity.

*On the treatment of Tape-worm by the Oil of Pumpkin-Seeds.* By Henry S. Patterson, M. D., Professor of Materia Medica in the Medical Department of Pennsylvania College.— In the Medical Examiner for October, 1852, I

reported a case of radical cure of Tænia by the use of an emulsion of pumpkin seeds, after the Ol. Terebinth, and even Kousso had signally failed. Several other cases have been reported, both before and since mine, all going to establish the efficacy of this new remedy. Should it prove as generally successful in expelling the worm as the cases indicate, it will become a valuable accession to our means of treatment in a troublesome and often obstinate affection.

The seeds of the common pumpkin (*cucurbita pepo*), consist of a leathery white envelop, enclosing an oily albumen of a slightly greenish tinge. They are inodorous and have a sweetish, mucilaginous taste. Rubbed up with warm water or milk, and sweetened, they form a very pleasant emulsion; and this is the way in which they have generally been administered. They abound in fixed oil, which is readily yielded on expression, and appears to be the only constituent of any importance. Conceiving this oil to be the anthelmintic principle, I determined to use it in the first case of Tænia I should encounter. A quantity was obtained, by cold expression, by our accomplished pharmaceutist, Mr. Frederick L. John, of Race street. From four lbs, of the seeds he procured ℥xiv of oil, but he has no doubt that, if the operation were conducted on a larger scale and more carefully, the yield would be from thirty to forty per cent. The oil is clear, transparent, of a light brownish green color, with a slight oily odor, and a perfectly bland taste, like that of the oil of sweet almonds. It has now been kept some ten months, (in well-stoppered bottles), and is perfectly sweet and bland.

No case of tænia has occurred in my own practice, but in May last I learned from Mr. Jno. C. Lyons, an intelligent member of the medical class of Pennsylvania College, that a poor woman in his neighborhood (Kensington) labored under the disease, and had asked his advice. I requested him to use the pumpkin-seed oil, which he did, and with the happiest result. Causing her to fast rigidly for twenty-four hours, he gave her ℥ss of the oil in the morning, and in about two hours ℥ss more. This produced a slight disposition to loooseness of the bowels. In two hours after the last dose, ℥i of castor-oil was given, and purged freely, bringing away a considerable quantity of the worm. From that period until the present, (September), she has remained entirely free from every symptom of verminous irritation, and there can be no doubt that the worm was altogether destroyed.

Tænia is of so rare occurrence with us, that no individual practitioner sees enough of it to enable him alone fairly to test any medicine. I therefore beg leave to call the attention of my medical brethren to a remedy readily obtained, cheap and pleasant, and which I believe will be found quite efficient.—*Medical Examiner.*

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# Miscellaneous.

*Upon the Pian or Yaws, A disease of Tropical Climates.* By M. Guyon.—This eruptive disease, called, from the raspberry-like color of the spots, frambæsia, appears to be contagious, and transmissible from generation to generation. Its transmissibility by inoculation is proved by the fact, that it has been conveyed from the tropical regions of America to Africa, doubtless by infected Negroes landing from ships trading between the two countries. In Algeria, the native physicians consider it to be a sort of syphilis, and treat it as such. They direct, for forty days, a strict system of diet, under which the disease disappears, but it returns as soon as the patient reverts to his usual habits. From this fact, M. Guyon concludes, that the apparent cure is but a phenomenon connected with the general emaciation and disappearance of the soft parts.

In the Antilles, the treatment of yaws is entrusted to Negroes, the same class of men who profess to cure serpent bites. They administer decoction of sarsaparilla and sulphate of ammonia. Some physicians, it is said, have tried with good effect, mercurials combined with tisanes of guaiacum and sarsaparilla. The usual duration of the disease is four to five months. We require further investigation respecting it.

*Physical Deterioration of the Prussians.*—The Berlin Correspondent of the *Times*, observing upon the tenacity with which the Germans retain in every ethnological work, the description of their nation as being warlike (*Kriegerisch*), an idea which may perhaps, be found in the pages of Tacitus or Suetonius, says that the tradition has long since ceased to be true. "The Germans are very excellent, worthy people, but are no more warlike than any other people, and less so

than most. In the muster which was made this year in Berlin, as every year, of the youths of 19 years of age, bound to serve their appointed time in the ranks, out of 1111 young men liable, only 723 were found capable or fit for service. This is not confined to the capital and its enervating habits; the military authorities show that it is still worse in the provinces, and particularly in parts of Pomerania. In Halle, out of 818 who submitted themselves this month as being of the requisite age, only 427 were eligible. This is attributed to their having been born in the cholera years 1832-3, and to many having been deprived of all parental care from their earliest youth. (The same result has lately been noticed at Stockholm, of there being an insufficient number of recruits to be obtained, arising from the impoverished *physique* of the present generation. In Sweden it is attributed to the immoderate consumption of potatoes and distilled liquors!)',

*Vaccination* has been made compulsory in Egypt. In the year 1851, 79,108 children were vacciated by the public *employees.* Of these children, 17.471 belonged to Upper Egypt.

*Cholera.*—This disease has now spread over the Baltic Provinces; cases are upon the increase at Stettin, (170 had died previous to Aug. 23), and are numerous at Dantzig, where the epidemic may become extremely dangerous, in the lower part of the town, and in the environs, in consequence of the humid atmosphere. In Denmark, the heat, which has prevailed some time, has caused great intensity to the cholera, and the alarm among the inhabitants of Copenhagen is such, that all who could leave for the provinces, which are yet healthy, have done so. The Medical Boards sit *en permanence,* and several physicians have already fallen victims to the disease. The King of Sweden has suspended the Swedish Consul at Lubeck, for supposed laxity in not announcing cases of cholera that had broken out there. In spite of all the quarantine precautions, this epidemic has introduced itself into Sweden, and is raging there, though not to so fearful an extent as in Denmark. The King himself visits the cholera hospitals, and nothing is left undone to mitigate the evil. At Spendborg, on the 20th, there were 21 deaths out of 55 cases. The cholera appears to be increasing at Stockholm, as the official return on the 19th stated 21 cases and 13 deaths. The disease is also prevalent at Ystad,

Gothenburg, and Carlscrona. It is stated to have likewise made its appearance in Christiana. Accounts from Copenhagen, up to the 26th inst., state, that the cholera was again somewhat on the increase. The military arrangements for inspection of the troops were changed, the infantry not called out, and the cavalry only to the extent of 120 men to each squadron. The cholera was diminishing in St. Petersburg, but was spreading, though in a mild form, over all the Eastern provinces.—*Berlin.*—Angust 30.—The cholera has appeared here in a very virulent form, though in a very few cases; since the beginning of the month up till now, 52 cases have occurred, of which 37 were fatal. Now that the epidemic is here, the deliberations as to the building of a cholera hospital have been brought speedily to an end in the affirmative. *Hamburgh.*—We have received information from Hamburg, on which reliance may be placed, that Asiatic cholera, which for several weeks has appeared there in single or isolated instances only, forming what is technically called "sporadic" cases, is now assuming an epidemic form. There appears to have been in all, from 160 to 180 cases of the disease, about two-thirds of which have been fatal, a circumstance which proves the extreme virulence of its character. The present seats of the malady are the places where the poor English sailors, to the number of about 800, lodge and spend their time on shore. They are at present wholly uncared for. During the epidemic of 1848, great numbers of lives among this class of men were lost for want of the most common precautions, and this loss of life will be repeated unless timely measures are taken for their protection.

*Singular Effect of a Dose of Strychnia.*—Dr. J. G. Stephenson, of Terre Haute, Ind., communicates, in a letter to the editor, the following unexpected results from an attempt to poison an animal with strychnia:

"On the 6th inst. I gave two grains of strychnia to a dog twelve years old, that was entirely deaf, intending to kill him. After taking the strychnia he was left to go where he pleased. The next day he was not only as well as on the preceding day, but had entirely recovered from his deafness—and from then until now he has heard as well as ever.

"The strychnia used was the ordinary article of the shops, and was probably impure, but it had acted violently in previous experiments upon animals."

*Prize Essays of the American Medical Association.*—At a meeting of the Association, held in New York, in May, 1853, the undersigned were appointed a Committee to receive voluntary communications on medical subjects, and to award two prizes of $100 each, to the authors of the best two essays.

Each communication must be accompanied by a sealed packet, containing the name of the author, which will be opened only in the case of the successful competitors. Unsuccessful communications will be returned, on application, after June 1st., 1854.

Communications must be addressed, post-paid, to the Chairman of the Committee, Dr. Charles A. Pope, 123 Locust street, St. Louis, Mo., on or before the 30th of March, 1854.

Charles A. Pope, M. D., Thomas Reyburn, M. D., John S. Moore, M. D., John B. Johnson, M. D., A. Litton, M. D., *Committee.*

CHARLES A. POPE, M. D., *Chairman.*

*Upon the Diagnosis of Fractures.* BY LORINSER.—Lorinser recommends the production of insensibility by ether inhalations, as a means of facilitating the diagnosis of fractures in doubtful cases. Not only is the patient spared the pain of the examination, but those involuntary muscular contractions are avoided which prevent extension and the proper adaptation of the broken bone.

Lorinser especially recommends this plan in cases of fracture of the lower end of the radius, which, though followed by serious consequences as regards movement, if neglected do not cause such an amount of deformity as to render the nature of the accident immediately obvious.

He has succeeded in feeling crepitation in these cases, when the patient has been rendered unconscious and unresisting.

In the diagnosis of fractured ribs, the author trusts to the diminished respiratory movements at the seat of injury, and to the sound obtained by auscultation. The latter is a dull murmur, in which neither the in nor the ex-piratory sound can be distinguished; he imagines this to proceed from the imperfect respiration, and from the irregular movements of the air in the minuter bronchi. The crepitation of the broken bones may be heard through the stethoscope.—*Wein. Med. Wochnschr.*

*Galvano-Puncture in Varicosities and Aneurisms.* By Dr. Werner Steinlin. In opposition to the many favorable results recorded after the application of galvano-puncture in aneurisms and varices (vide Schuh's Communications, Jahr. LXIX), there are upon record several cases in which, in place of the coagulation of the blood, or in conjunction with it, there has ensued inflammation, followed by suppuration. Baumgarten and Wurtenberg, therefore, established experiments to learn the influence of the different poles, and found—

1st. That the negative pole alone effected no coagulation.

2d. That both poles together effected a slow, weak, and often incomplete coagulation.

2d. That the positive pole alone worked out this effect quickly, safely, and completely.

These experiments were conducted upon living men and beasts; also upon fluid-blood, contained in closed vessels, so that not only the ultimate result, but the whole process was watched. Then they instituted experiments upon albumen, and obtained the following results: That coagulation takes place at the positive pole only, while at the negative pole there is only a froth; that the coagulating power of the positive pole differs according to the metal of which its needle is made; that the working is strongest where zinc is employed; lastly, that a considerable separation of the two poles influences the action but little, provided that the intervening substance be a good electrical conductor.—*Wien Ztsch.*

*Comparative Mortality in France, England and Prussia.*—In France, the annual mortality is 1 in 42; in England, 1 in 45, in Prussia, 1 in 38; in Austria, 1 in 33; in Russia, 1 in 28. In the latter country, the mortality to 100,000 living is 3590 annually; while that of 100,000 living in England is 2207. In most of the towns of Italy, the mortality is 3 or 4 per 100; at Naples, to 100,000 living, there are 4046 deaths annually. It is in England, that, contrary to all expectation, the mortality is less than in all civilized States; and this, notwithstanding the high rate of mortality in her great manufacturing towns. It is the agricultural districts that produces for England this favorable result, as compared with other countries.

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# WESTERN LANCET.

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## Original Lectures, Essays and Communications.

### *Cold as an Anaesthitic Agent.* *By* Thos. Wood, M. D.

When we reflect that every person has experienced the numbing effect of cold on the surface of the body, and experienced the complete insensibility to slight injuries done to the skin of the fingers and hand while exposed to a low temperature of the atmosphere, we are surprised that the idea of using cold in surgical operations has been reserved through all past time, to become a discovery of the present age. It is strange, but true, that the investigating mind in search of an undiscovered principle or fact, often looks far beyond its object, into the obscure distance, and hence fails to detect what is near and obvious: like the untrained miner, in search of the secret treasures of the earth, who fruitlessly delves into the chaotic mountain mass, while he treads the undiscovered golden sands beneath his feet, in his daily walks over the plain.

Since the introduction of cold for the purpose of destroying the pain of surgical operations, I have used it quite freely in various cases. In most, it has more than met my expecta-

tions, while in some it has entirely failed, or but partially relieved the suffering.

It is not my present purpose to give a detail of the cases in which I have used it, but rather to give the rules gathered from my experience in its use, and indicate the class of cases to which it seems best adapted.

The degree of cold required to destroy the sensibility of a part is but a little above that of the freezing point of water, and it must be obvious to all that this degree of temperature can not be with impunity extended over a large surface of the body, or made to penetrate to a depth much below the surface in any of the more vital regions; hence its use is naturally restricted to the minor and more superificial operations, and can never take the place of chloroform or some of its kindred agents, in operations involving the deep tissues of the body.

To operations upon the surface, such as removing small warts, tumours, and nævii, or other excrescences from the skin, it seems peculiarly adapted; and for destroying the pain in the extraction of diseased or offending nails from the fingers or toes, it is far preferable to chloroform. First, it is to be preferred for the reason that in its use there is no danger of fatal injury to the constitution, as in chloroform, for its effects are purely local and circumscribed; and, second, because the insensibility is more complete than is ordinarily obtained by chloroform, and is fully equal to the most overwhelming dose. I have repeatedly witnessed the most perfect composure of countenance in my patients, while a nail of the toe or finger was rudely torn, with a strong forceps, from its matrix, without the least exhibition of a sense of pain, or a consciousness of the progress of the operation, except from sight.

It acts well on the skin, where a small portion is to be removed; but in plastic operations I would not use it, as the refrigeration necessary to remove the pain might so destroy the vitality of the flap, that direct union (upon which success in these operations wholly depends,) would not take place.

It has failed in my hands to be of any service in removing hœmorrhoidal tumors, although, according to some of the European surgeons, it has answered well for them in operations on the anus.

In one case I attempted to remove a string of venerial vegetations from around the verge of the rectum, but was unable to get the part sufficiently chilled to even lessen its sensi-

bility, and I was finally obliged to use the chloroform before the operation was completed.

The failure was, doubtless, owing to the rapid supply of heat to the part from the highly vascular organs in its vicinity, and the difficulty of conducting it away rapid enough to reduce the temperature in the tumors to near the freezing point; and this difficulty, in all probability, will ever prevent its successful use in operations on the painful tumors of the anus and rectum.

Cold has also failed to give much relief from the pain of opening paronychia.

While it numbs the surface of the finger, it does not lessen the sensibility toward the bottom of the wound, even when the application is made a considerable time previous to the use of the bistuary.

To chill a part that is to be subjected to an operation, for instance, a finger or toe, it is only necessary to get some pounded ice or snow, and mix with it some common salt, and apply it, taking care to not extend it much beyond the region to be operated on. From three to four minutes will mostly suffice to remove all feeling from the attachments of a toe nail.

It is no matter how rapidly the temperature is reduced, but after the operation, it is very essential that it should be raised cautiously and slowly up to the vital standard again. To effect this object safely, a towel or large cloth should be saturated with cold ice-water, and allowed to remain on the part until reaction is fully established.

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*Dysentery—particularly as it is prevalent in Montgomery county, Ohio. Read before the Montgomery county Medical Society, at its February Meeting,* 1854. *By* I. A. Coons, M. D.

The disease I propose to discuss briefly at this time, has received various names by different authors—such as colonitis, colitis, and, in common language, flux. This affection, and its successful treatment, is the more important to us, because of its frequent epidemical occurrence in this county, and its extremely fatal tendency in some neighboring localities. All dysentery may be divided into simple and complicated, in degree of severity, and into epidemic and sporadic, in re-

ference to the number attacked. The first division appears to be all that is necessary to a proper understanding of this affection, and if correctly traced, will lead to its successful treatment. Inflammation of the mucous membrane, of the large intestines,, especially of the colen and rectum, attended by the following symptoms, constitutes flux; permanent pain in the lower portion of the abdomen, with tenderness, on pressure, over the region of the colen. Tenesmus is invariably present, and is one of the most distressing symptoms of the disease, frequently causing prolapsus ani, and doing other violence to the surrounding soft parts.

The discharges from the bowels in dysentery are very frequent, and consist generally of mucous and blood, in various proportions, sometimes one predominating, and sometimes another.

Large quantities of blood discharged from the bowels in this disease, denote a high grade of local inflammation, with extensive lesions of the internal coats of the colen, especially if we have mixed with the blood a substance closely resembling the scrapings of hog's guts.

In slight cases, the stools consist principally of mucous, streaked with blood; and in more severe ones, of the simple form, it is a favorable indication to see the discharges assume more of the muco-purulent, and less of a bloody appearance.

Simple dysentery is seldom attended with much febrile excitement; but there is often present, in nervous patients, a frequent and somewhat excited pulse, caused by the excessive tormina nearly always present. I will name a few symptoms of complicated dysentery; but it will be seen that they depend entirely upon the part affected, and the extent of the lesions. For instance, a simple case may take on an unlceration of the bowels, become chronic, and be characterized by a low grade of fever, resembling typhoid. We may have extreme tenderness on pressure over nearly the whole region of the abdomen, with a high grade of febrile action, and a disposition to discharge only the lower portion of the bowels, pointing to the outer tunics of the intestines as the affected part. Again, we may have fullness of the abdomen, dry tongue, painful dyspnea, and an anxious countenance, denoting serious affection of the peretoneal covering of the large intestines. The symptoms may go to show that the liver is implicated; but I think the importance of the liver in causing trouble in this affection. is entirely overrated.

I have heard physians say that flux was nothing but a bilious diarrhœa; but so far as my experience goes, I find it to be quite another matter, as I have found the liver seldom implicated in this disease. I do not believe, that the liver has anything more to do in producing simple flux than it has in causing pharyngitis. Dysentery is almost always preceded by diarrhœa. The diagnosis of this complaint is not difficult in its simple form, but may be rendered somewhat obscure in protracted cases where other diseases appear to be present. The etiology, or cause of flux, has occupied considerable attention of different writers, some attributing it to diet and mode of life, some to climate and atmospheric vicissitudes, while others think it depends upon tne same malaria that produce periodic fevers so modified that instead of ague we have dysentery.

There is a region of country in the middle and north-western portion of Montgomery county, Ohio, very nearly bounded by the following towns and their immediate neighborhoods, Liberty, New Lebanon, Amithy, from Amithy down Wolf-creek, within three or four miles of its mouth, thence south-west to a point three and a half miles west from Dayton on the Eaton pike, thence a little south of west to Trytown, on the Germantown pike, and from thence, in a semi-circular direction to Liberty again, with the middle convex portion of the semicircle pointing south-west. The district bounded as above, is composed of high lands principally, having no bottoms, excepting a few small ones along the head-waters of Wolf and Bear creeks. This part of Montgomery county has been severely affected with dysentery for the last seven years, until last year, commencing about the first of August, and lasting about two months, reaching its hight near the first of September. It appears to have prevailed epidemically in this district for six years in succession, and very decideely so in the falls of '49 and '52. Last year there were but few cases in this section of country—not more than eight or ten—while in the season of '52 there were about 150 cases, and nearly as many in '49.

Dysentery, as prevailing in this region already described, was of the simple variety, with few exceptions, and out of 50 cases coming under my care in '52, there was but one death, showing the mildness of the disease.

The cause of flux within the boundaries as above given, appears to have been endemic, and consequently could not have been diet, mode of life, or the whole county, with those

adjoining, would have been affected also. It could not have been climate or atmospheric peculiarites, for the same reason; neither could it have been a malaria identical with that of intermitting fever, for ague is a very rare disease in this dysenteric location. We occasionally meet with a sporadic case, but it has not prevailed, epidemically at least for the last seven years—it is not that part of Montgomery county where we would go to see intermitting fever.

There is no doubt that climate, mode of life, etc., have a modifying effect upon flux, and the cause of producing it, but the disease appears to be caused by a *virus* peculiarly *its own;* and I do not see why its cause should not be as separate and distinct from intermitting fever as from inflammation of the pharynx, for its symptoms (flux), no more resemble ague than the smallpox. It is true that flux and ague may occur in the same locality, and it is also true that they may not, as in the above instance.

Measels frequently exist in the same locality with intermitting fever, and a patient may have both diseases at the same time, but we would not pretend to say the cause of the one was the cause of the other.

While the disease prevailing in the middle and north-western portion of this county, where there is seldom any ague, was characterized by its mild symtoms and favorable termination, there was an epidemic, last year, in the neighborhood of Miamisburgh, very limited in extent, confined principally to an aguish district. This epidemic was of the complicated variety, with a marked tendency to prove fatal. Whether the malaria of intermitting fever, in the last named district, had anything to do with determining the variety of the affection and the extent of its mortality may be a question. The treatment of any particular case of dysentery, will depend upon whether it be simple or complicated. The indications of cure in simple flux are nearly always the same; and are, first, to allay pain, (which is always present), by the administration of opiates and warm applications to the abdomen, with rest in the recumbent position. The second indication is to produce an alterant action on the mucous membrane of the colon and rectum, and reduce the local inflammation by the administration of calomel in small doses, and where there is much febrile excitement, minute portions of ipecac; blistering may also be used to meet part of this indication in obstinate cases. The third indication is to produce natural stools, ond evacuate the bowels of any retained matters from the upper and

middle portions, and arouse the action of the dipuratiry organs by the use of castor oil and spirits turpentine. Fourthly, to check the tenesmus and frequent discharges by giving act. plumbi, cret. prep., and morph. Astringent injections may also be given in obstinate cases.

The indications of the same, in complicated dysentery, as in simple, with the addition of the complications, which will have to be prescribed for according to their locality and severity.

I wish to say a few words in reference to the treatment of children in this affection. Owing to the predominence of their nervous system, they will bear neither opiates nor blisters well, and if given at all, it should be with great caution, for I have seen bad effects from their use, throwing the little patients into distressing convulsions, followed sometimes by speedy death. I have seen more harm than benefit from the use of injections in small children. They appear to increase the tenesmus by the pipe of the syringe and the body of the injection coming in contact with the extreme sensitive surface of the rectum, being seldom retained more than a second or two.

When called to treat a simple case of flux in an adult, I administer, every three hours, a powder composed of calomel grs. ii., act. plumb. iii. grs., morph. 1-8 gr., until four powders be taken. About three hours after giving the last powder, I order one tablespoonful of castor oil, and a teaspoonfull of turpentine spirits, mixed with a few drops laudanum. After this has operated pretty freely by producing full stools, I order a powder, given every three hours, or often enough to allay pain, and check the frequent discharges, composed of, morph. 1-6 gr., cret. prep. iii. grs., act. plumb. iii. grs. If there is much febrile excitement, small portions of ipecac may be added.

The indication of treatment in complicated dysentery are the same as in simple, with the additions of the complications. These latter will have to be treated according to their symptoms and locality. It is very seldom the above course of treatment, once applied, will not effect a cure, but it may be necessary to give the hydg. sub. repeatedly, and to administer oil or turpentine every two or three days, unless there are free natural discharges from the bowels.

Flux appears to have no certain duration, or particular stages through which to pass, but it may last from a few days to several weeks. The average duration of the disease, as it

prevailed in the portion of this county already named, was about eight or ten days, in the simple form, but much longer in the complicated. It is frequently necessary to continue the treatment proposed, to meet the last indication, for several days after the active symptoms have passed, in order to counteract the tendency to tenesmus and frequent discharges.

If there is any disease that requires a continual and persevering treatment, it is dysentery.

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## Correspondence.

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PARIS, December, 1853.

*Continuation of the discussion on the Perchloride of Iron.—Letters of Follin and Ricord on Syphilis.—Puerperal Convulsions—Cholera, its Treatment and Mortality.—By* JOHN A. MURPHY, M.D., *Prof. Mat. Medica, Miami Medical College, Cincinnati, Ohio*

*Editors Western Lancet:*

The discussion of the cure of aneurisms by the injection of the perchloride of iron into the sac, having occupied several sittings of the Academy since my last, has finally been brought to a close. The members seem to have become tired with it; for, at the last meeting, in November, the President announced it to be in order, no one arose to speak. This is not by any means the last of this question. The discussion and opinions of some have had the effect to stimulate those already engaged in experimenting, and of encouraging others to begin.

The discussion has from the beginning been conducted with great spirit. Indeed, during one or two of the meetings, some considerable feeling was manifested by Velpeau, owing to some remarks of M. Gerdry. The latter censured, in the strongest terms, the course pursued by several surgeons in their bold, reckless manner of operating. He announced the proposition, that every surgeon before he performs a new and dangerous operation, ought to ask himself if he would allow the operation to be performed on one of his children. This, he said, was the touch-stone of this operation, as well as of all new operations. The surgeon, said M. Gerdry, who was

not willing to have a new and dangerous operation, one, too, which had never been performed before, made on his own child, must be regarded as guilty of violating surgical morality. For there is, said L. Gerdry, a surgical morality, as well as a universal morality, M. Gerdry is a tall man, with a sickly irritable face, (the result of renal disease probably, from which he is suffering now), and whose manner of speaking is very emphatic, and at times sarcastic. M. Velpeau imagined that Gerdry's speech was aimed at him, (probably from the fact that they are not on the very best terms), and replied with some tartness. Velpeau's reply to Moreau was also keen, and somewhat severe. Toward the close of the debate, at the last one or two meetings in November, M. Malgaigne delivered himself very decidedly and emphatically against the perchloride of iron. More, he said it was dangerous, unjustified, inexpedient, and that those who would continue to operate by it, must be regarded as highly censurable. Malgaigne is the best speaker in the Academy, as well as being the best lecturer. He is regarded as the best medical and surgical critic in Paris. The Academy refused to give a final opinion on the question; the disposition being evident to wait for the development of more facts on animals by the new method. M. Villette, I may say, (whose successful operation is referred to further on), has been very happy in being able to make a post-mortem of his patient, who died several weeks after the operation, of an acute disease, in no way connected with the aneurism, which was cured. On the first of this month, he transmitted the artery from Lyons to the Academy. It showed that there had been a perfect cure.

Some attention has been directed to the English, or rather I believe, the Irish method of treating aneurism, by compression. It is probable, I think, that experiments will be made with it. This question is an interesting one, to physicians, as well as surgeons, for it points to the realization of the idea that the blood may yet be medicated for the care of other diseases than its vessels.

I have taken the liberty of sending you the reply of Ricord to M. Follin, in defense of his doctrines. I hope your readers will not grow impatient with me for giving these letters. The whole subject of syphilis is with a part of the profession here still *sub judice*. Ricord has a large party, and still defends his favorite theory with all the wit for which he is so celebrated. By the way, M. Ricord purposes visiting the U.

States next year, where I have no doubt he will meet with that reception he so richly deserves.

He has, I am told, the largest business in Paris. M. Velpeau has just published a work on the diseases of the female breast and mammary region, which must command the attention of the profession, both in Europe and America.

He states, that it is founded on more than twenty-five years of experience in the treatment of the diseases of the breast. "A service," says he, "in the large hospitals, a consultation always very large, and a practice very extended, has all owed me to collect on the whole subject, more than two thousand observations."

This is the first French work on this subject, and there is no doubt it will take the place which the reputation of the distinguished surgeon has with his profession. He is evidently writing for posterity, as age is warning him that his time and place cannot remain to him many years longer. He is at war with the micrographs on cancer and cancroid, and especially with the doctrines of M. Lebert, in his works on cancer. You are perfectly acquainted with the doctrine of Lebert. He says that there is a specific cell in cancer, which is not seen in any other tumor. To this, Velpeau, in his book, replies as follows: "I have proved, I believe, without answer, contrary to the pretension of the best micrographs—1st, that the *cell* called *cancerous* is not the specific element of cancer; 2d, that this cell has been found in tumors non-cancerous." The micrographs form two parties on this subject of cancer-cell at present. Virchou, a German, differs with Libert, Robin, Follin, and Verneuil.

Still more, I believe it is true that the fewest number of urgeons here indorse the doctrine of the micrographs on the cancer-cell. However, I must hasten on, or you may think I intend to overlook the principal point of this letter—the perchloride question. Before, however, I touch it, I may tell you that Chelius, the great leader of German surgery, has been here for a couple of weeks. I saw him at La Charite, listening to a clinical lecture of M. Velpeau, on a cancerous tumor of the breast, which he excised. He is one of the finest looking medical men I have seen since here. I suppose him to be, from his appearance, quite seventy, if not more. The Society of Surgery gave him a banquet before he left. Among the many toasts and speeches made, the one by M. Ricord deserves mention. He arose and said, "To

our venerable master; to our *young confrere,*" M. Roux. He proceeded to deliver an eloquent and witty speech on the past life of Roux.

Roux, although an old man, still preserves all the freshness and activity of one much younger, with the single exception of his hair, which is quite white.

He must soon cease to operate, as his eyes are failing,. He cuts still, however, with the ardor of youth. He will soon put to press a work entitled, " Forty years of Surgery," which will no doubt be very interesting.

On the 6th of December, M. Dubois, (d'Amiens), delivered the eulogy on the life and character of Orfila, before the Academy of Medicine. It was an eloquent effort, and did full justice to the life of that great man. The great predominant idea of Orfila, was to succeed. His ambition knew no limits. He never devoted his attention to anything else than his profession. His success was without paralell. He never undertook anything in which he did not succeed, and in this respect presents an example unequalled. There was a large audience of physicians, citizens, and ladies present. I would like to give the latter part of the address, but I can not, as this will be too long.

But to the discussion on the perchloride in question.

*Academy of Medicine, Nov. 15th.*

After the reading of the minutes, M. Velpeau took the floor, and said:

In the last meeting I said to the Academy, that, detained by one of the committees, I could not be present at the reading of the paper of M. Mulgaigne. I arrived only at the moment when he finished, so that I only heard the conclusions. It is difficult to discuss a subject imperfectly known. In another point of view, the question seems to me very important, and as M. Malgaigne has communicated his paper with the avowed purpose of hearing the Academy pass its final opinion upon the question, I have found that it was about to act a little too fast in a very grave matter. It is for this reason I asked that the discussion should be continued, and since the Academy has been willing to gratify the desire I have manifested, I am going to discuss the question in a more detailed manner, and explain certain points which have only been touched upon.

I will say at first that we labor under a great illusion if we imagine that such a question can be settled in one day. It will be with this, as with a great many others, whether the

Academy may be favorable to it or not, it will not hinder the scientific world from occupying itself with it. Without doubt it will regard the action of the Academy, but still one stroke will not extinguish the merits of the question. I do not wish to say that the initiative of the Academy may not have any utility, and that the influence of its decisions after important discussions may be useless—no; this initiative, these discussions, and these judgments, have the advantage of putting the public *au courant* of all which is done and said on such or such a question, and to explain it perfectly; but the Academy may proscribe experiments, condemn a method, yet that will not prevent other persons from experimenting, especially when evidence is not given. Now it is well known how rare it is for everybody to see things alike. This explained, I find myself opposite another obstacle which throws itself across the way.

It has been often remarked that there are persons always disposed to blame, and who seize, as much good fortune, on all occasions which offer to them. This is a disposition very natural to the human mind, of which we all have our part in a greater or less degree.

Now, as certain condemnations could have for science some unfortunate consequences, more than for individuals, I am very happy to present here a small explanation. At the last meeting a censure was expressed, and although it was indirect and skillful, was not less a real censure against the surgeons who have experimented with perchloride of iron in aneurisms, and even against all surgeons, who were accused of being too bold. I do not believe that this is a good philosophy, and I think we must restrain a great deal of this kind of reprobation. I do not fear for myself the reproach of boldness. I believe myself as prudent as any one may be, and to have for my patient as much care and solicitude as any other surgeon. I concern myself very little for such a reproach—it will not apply to me. But I say that the philosophy which was paraded at the last meeting, seems to me to have very grave inconveniencies. It is not necessary, they say, that any one should hasten to experiment the first, and that we should wait till others have made experiments. It is, however, necessary that some one should begin, and hence your censure will always rest on some one. We have been censured for having attempted an operation which had been followed by a failure in the hands of other surgeons. So that it follows, that because an operation does not succeed, it is necessary to reject it

absolutely. There are an infinite number of operations with which surgery honors itself to-day, and which had not very fine beginnings. The ligature of the primitive carotid resulted in death three times before a single case of cure was obtained.

The ligature of the internal illiac has also had its victims, at its beginning. However, other surgeons have performed it, and have succeeded; and to-day no one, I believe, would attempt to condemn these brilliant conquests of surgery.

*M. Moreau* — But that is very different — it is very different.

*M. Velpeau* — This is then a bad philosophy to place as a principle of conduct for surgeons, not to be the first to try a procedure or a method, and to forbid all experiments in cases of anterior failures. Another condition imposed by the partisans of this philosophy of which I speak, is that the new method should not be dangerous, and that it should be better than the operations for which it is substituted. It is necessary, still farther, that experiments on animals should have given guarantees of a complete innocuity. These words, plausible in appearance, contain an accusation that the public in general is sufficiently disposed to charge against all surgeons. The surgeons, they say, only ask to carve and cut. Now, nothing is more false than such an accusation. Surgeons cut when in their conscience and mind they see they can not do otherwise; when the disease is such that the ordinary resources of medicine appear to them without power. No surgeon operates for the pleasure of operating.

This question of the treatment of aneurisms by the perchloride of iron, is not a new question—it is but a particular manifestation of a general tendency quite old. This new method is but an application of an idea which has undergone several phases. This idea is to seek a remedy to cure aneurisms, and arrest arterial hemorrhages without ligature. It is, then, a general tendency which proves that the present method does give complete satisfaction to all persons. This desire to do better can not be censured. That which has been sought is to coagulate the blood in the aneurismal pouches, without having recourse to the ligature. This idea has been presented under different forms, and at different epochs. We find it expressed in Montegia, as also observed by Leroy d'Etiolle in his letter to the Academy. M. Leroy d'Etiolle tried several years ago, for this end, injections of alcohol. For myself, it is about twenty-five years, having observed that in cer-

tain vessels some fragments of membranes floating in their interior had determined around them the formation of clots of blood, the idea struck me that we might obtain a complete obliteration of an artery, in introducing, in its capacity, a foreign body to remove it immediately—from this the idea of acupuncture in the treatment of aneurisms. Some trials were made on animals and man—trials which did not inspire me with any great confidence in the efficacy of this remedy. Some thought to complete it, and M. Pravaz added galvanism to the acupuncture. Some experiments were made, but they had no great value—they passed, even it must be said unperceived, which permitted M. Petriquen to give his name to the method of treatment of aneurisms by galvano-puncture, which is naught but my procedure completed by M. Pravaz. To traverse the tumor with one or several needles, and to pass through these needles an electric current, behold in what consists this method which has procured some cures. It is positive we may cure a certain number of aneurisms in this way. It has been a question to know if there is a better and less dangerous operation than that of the ligature.

Now, in twenty cases there were twelve failures, among which there were several cases of death, and only eight cures. We may then positively coagulate the blood in an aneurismal pouche without recourse to the ligature. This is then a result perfectly certain, but this result is not of a nature to make us abandon the ligature, but on the contrary.

Later, M. Pravaz, continuing in this direction, said—but in injecting a medicament, a chemical substance, into an aneurismal cavity, we may coagulate the blood very solidly and immediately. This was something without doubt, but it was not sufficient to make us conclude that it would be successful on man. In general, and particularly on the present question, it is not necessary to hasten to conclude from animals to man. Why so many celebrated kalemostatics, waters of Brocheeri, of Pagleari, etc., etc., after having been announced with so much noise and renown, why have they passed into silence and obscurity? It is that they have at first been tried upon animals with success that many had inferred from the success on animals that they would be also successful on man. Now, nothing is more deceitful than such an analogy. In general, the plasticity of the blood is much more considerable in animals than in man. Certain kinds of animals offer in this respect remarkable results. With them arterial hemorrhages may be arrested easily; the least compression sufficing, or

the least styptic substance to suspend the flow of the blood. The idea of coagulating the blood in the interior of anurismal pouches by means of a chemical substance, was then found, but it was a question to know which was the best coagulant. After several trials, M. Pravaz settled on the perchloride of iron.

Now, I ask you, gentlemen, was there not something to try? Nothing is more easy than such an operation—to introduce a needle into an aneurismal tumor—to inject some drops of liquor into the interior of the pouch—what is more simple or innocent? and yet you do not wish that surgeons, delighted with such a procedure, may seek to employ it with promptness. However simple may be the ligature, it is necessary to confess that this is more simple yet.

Thus analogy, experiments on animals, the well-known good faith and honesty of the man, the author of this invention, all unite to influence and to engage us to make trials on man. There were even some surgeons who had tried before us, and it may be said of those also, that they were criminal, as it has been said of us, to seek to make the first trials of the new methods. More, these attempts were crowned with success. Without doubt, it appears well demonstrated to me that the first cases of cure observed by surgeons were true aneurisms, but the results suffice, at least, to demonstrate the innocuity of the operation.

We have been accused of running after experiments, and of disputing with those who desire to be the first in practising new operations.

But that is accomplished in another way: we do not create the occasions for trying experiments. Not to digress, you know very well that it is not a common thing to meet with aneurisms, even at Paris, in the great hospitals, and that we may be one or two years without meeting with a single case of aneurism. When I made a trial of the new operation, it was not be the first—it was because I had in my service a patient whom I wished to cure, by the aid of a process the most sure and the most innocent. Now, such were the apparent conditions in which the new method presented itself to me. I come to unfold the various phases through which the question pending before the Academy has passed, and now some have wished to have it definitely settled. I avow that I am less pressed than M. Malgaigne, and because the facts upon which he places himself for its condemnation do not appear to me very probable; several of the facts are surrounded by singular

circumstances. The facts in the history of M. Malgaigne, by example, are strange. How? Behold a patient attacked with a false consecutive aneurism; five drops of perchloride of iron were injected into the tumor, and instantly mortification of the forearm supervened. Gangrene does not happen instantly — it is preceded by a special action. Far be it from me to doubt a fact observed by a man like M. Malgaigne, but the circumstances which surround it demand of us to inquire if there was not something else than the action of perchloride of iron which produced such a result, especially since this liquid has been injected, in considerable dose, without producing any such result. M. Leblanc tells you that he has injected thirty drops into the transverse artery of the face of a horse without having any such unhappy result. Perchloride of iron has been regarded as a caustic. It is not so. Experience proves that this substance neither cauterizes nor mortifies parts. Beside, we might conclude thus, *a priori*, by the consideration of the elements which enter into the composition of perchloride of iron. Neither one or the other of its elements possess a great energy of action.

In the other facts which have been placed against the new method, inflammation has been observed. But is this result really due to the substance employed? May it not result from the employment of too great a quantity of liquid, or from the manner of operating, or from the disposition of the individual?

This inflammation has been noted in five or six cases; now, if it was demonstrated, which does not appear to me so, that it was the result of the perchloride, it would be a reason to regret the operation; for every time that inflammation seizes the sac it will open. Another difficulty in this question is the clot. It is a question, in my opinion, and must become an object of research. This clot may present itself under two forms—either it is a normal clot—that is to say, formed by pure blood—we call it then a clot *homoemorphe*. *A priori*, we understand that such a clot may be absorbed, taken up by the circulatiun, and disappear in this way. Such is the clot formed around a fragment of membrane, or the point of a needle in acupuncture, with or without galvanism.

But suppose a chemical substance introduced from without into the blood, and determining the coagulation of this liquid, evidently the blood will be altered transformed — it is no longer a normal clot nor a homogenous mass—it is heteromorphous mass. In the injection of the perchloride made by me,

this clot presented itself under the aspect of a reddish, black mass, very hard; it was velvety, hairy, and quite like a hairy ball (egagropile), which is sometimes found in stomachs of ruminating animals.

There is then, in my opinion, an interesting study to make; it is a question to know if such a clot is susceptible of being absorbed. When it is small it may be dissolved, and carried into the circulation. In a great number of animals it is destroyed and carried into the circulation. But when the clot is voluminous it is not thus affected. Without doubt, we may believe that the homeomorphous clot will be taken up by absorption; but the heteromorphous clot, is it susceptible of being absorbed?

I know well that it may remain indefinitely in the vessel, without producing inflammation; the economy can habituate itself to it, and can tolerate it, as it tolerates foreign bodies, such as balls, pieces of wood, needles, etc., etc.; but we must not count too much on this result. If it was demonstrated that the clot thus formed is not assimilated, this would be sufficient to reject the new method. There are in science a great many facts which demonstrate that the disappearance of the clot is difficult; such is the experience of J. L. Petit and M. Amussat. J. L. Petit said that the normal clot may remain months and years as a foreign body; that the vessel is well closed above and below the clot, but not at the point of the clot. In Saviart, we read, that an individual attacked with an aneurism at the elbow was cured, but that a hardness remained. At the end of several years, from the influence of an effort, the hardness appeared, and the aneurism showed itself anew.

According, then, to J. L. Petit and several other authors, it appears that the normal clot homeomorphous may persist indefinitely and not be absorbed—then, for a stronger reason, the heteromorphous clot. In conclusion, the perchloride of iron has not given a proper result to make us reject the ligature—far from that; but we must believe that we may not cure an aneurism without the ligature. I like to think, by one means or another, that we will succeed in replacing this last operation. For, in fine, the ligature is always a sad affair, above all, when it is applied on a large artery; and, beside, there are cases where we cannot employ this method, as, for example, in the case of aneurisms existing in vessels, situated near great cavities. It is precisely in these cases that the ligature is powerless, that it would be good to find a substance capable

of curing aneurism by producing coagulation of the clot. This would be a great service to humanity. The ligature is dangerous, whether we operate by the old plan or by the method ——— modern. I have hesitated to name this last method, and I have avoided giving it the name of him who is, according to my opinion, the true inventor, for fear of arousing the susceptibilities of M. Roux.

Notwithstanding the just deference which I have for our very honorable colleague, and notwithstanding the pleasure I experience, he knows it well, in supporting the same opinions, I can not sacrifice my convictions to this sentiment, and must say—method of Anel, because it was Anel who concurred it, and because Anel is a Frenchman. It was him who practised first the ligature above the tumor, without opening the sac. Perhaps it is better to go back to Ambrose Pare to find the origin of this method, for we find it indicated in the works of the illustrious father of French surgery. In fine, it was Anel who conceived and practised it first. It is then to him, and not to Hunter, that belongs the glorg. That which has given reputation and eclat to Hunter, to the injury of Anel, is that the first has saved his patient, while the other has lost his. But this is no reason to deprive Anel of that which belongs to him. As for the rest, there is a very singular thing!—the operation which surgeons practice to-day, and which they are obstinate in calling Hunter's, is not like that of the English surgeons—it is the operation of scarpa, which we all practice.

(*Conclusion next month.*)

## Reviews and Notices.

*On Rheumatism, Rheumatic Gout, and Sciatica; their Pathology, Symptoms, and Treatment.* By Henry William Fuller, M. D. Cantab., Fellow of the Royal College of Physicians, London, Assistant Physician to the St. George's Hospital, &c., &c. New York: Samuel S. and William Wood, 261 Parl street—1854—p. p. 322.

The work bearing the above title is one of much merit, in which the causes, symptoms, and treatment of the various diseases of which it treats, are fully discussed, in a plain, practical, and comprehensive style.

The first chapter is chiefly devoted to an examination of the various theories that have been proposed, in attempts to explain the phenomena of rheumatism, and the authors own views are clearly exhibited in the following extracts:

"Although the poison which gives rise to rheumatism has not hitherto received actual demonstration, yet many facts conduce to a belief in its identity with some natural excretion of the skin.

"In advanced life, when, from want of energy in the system, the skin's action is readily interfered with, pain or stiffness is so constantly produced by a draught of cold air, and subsides so soon after reaction takes place, that we are bound to admit its intimate connection with temporary susdension of cutaneous action.

"Moreover, rheumatism is so common among persons suffering from renal disease, and other complaints, accompanied by a harsh, inactive condition of the skin, that it is impossible not to connect its appearance, under such circumstances, with the cessation of free cutaneous transpiration.

"The means which nature adopts for its relief, and the circumstances which attend their imperfect development, are also suggestive of a relationship between rheumatism and cutaneous secretion. No sooner is a person attacked by the disease than excessive perspiration is set up, as if with the view of getting rid of some pecant matter, and the secretion is most profuse at the very part where the local inflammation is taking place. If the perspiration be checked, or take place irregularly or imperfectly, the disease is protracted, and is rarely got rid of until free cutaneous action has been reestablished. It is probable, therefore, as the skin is the peculiar emunctory of lactic acid, that in it we have discovered the actual materies morbi. Be this as it may, however, the ordinary symptoms of the disease, no less than the history of its rare modifications, are calculated to point to some excretion of the skin as the immediate cause of rheumatic inflammation."

Our author asserts his belief in a specific poison, generated

in, or in some way introduced into the system, which is the proximate or essential cause of rheumatism. In relation to this poison, he uses the following language:

"Thus it would appear that cold, and other external agencies, are but the predisposing and exciting causes of rheumatism, and that the primary proximate, or essential cause of the disease is the presence of morbid matter in the blood, generated in the system as the product of a peculiar form of *mal-assimilation—of vicious metamorphic action.* This poison it is which excites the fever, and produces all the pains and local inflammations which are often found associated in an attack of rheumatism.

If the rheumatic virus be present in small quantity only, it may cause little or more than wadering pains in the limbs, and may scarcely produce perceptible fever, while if it exist in large quantities, it rarely fails to cause febrile disturbance, and to excite inflammation in various parts of the body. In that respect, however, its effects are found to vary in different cases.

Sometimes, though it cause great febrile excitement, its local agency may be confined to the production of external articular inflammation—at others it may fail to produce arthritis, but may give rise to acute inflammation of the heart; and at others, again, carditis may be only one out of several internal inflammations, which it sets up coincidently with extensive articular mischief. Moreover, there appear good grounds for believing that, as in some cases it gives rise to excessive febrile disturbance for days prior to the accession of articular inflammation, and repeatedly without exciting inflammation of the heart, so, in certain instances, it may excite the peculiar train of symptoms whereby rheumatic *fever* is characterized, without producing from first to last the slightest concurrent local inflammation within the joints, or of the heart, or any other organ."

The work is so full of instructive and interesting lessons, that we are reluctant to turn from its pages without giving it a

more thorough review, and transferring to our pages more extensive extracts, but our space will not permit a further indulgence; we will, however, select one paragraph, embracing an outline of the author's rules for the treatment of rheumatism, and then dismiss the subject, hoping that every practitioner of medicine will add to his library "Dr. Fuller's treatise on Rheumatism, Sciatica, and Gout":

"By what means (treatment) then can we best effect our purpose, and to what extent is it prudent to employ these means?

If the materies morbi be indeed an acid, or an acidulous compound; if it be lactic acid, for instance, as there are cogent reasons for believing it to be, then will its neutralization be effected, its irritative property probably diminished, and its diminution promoted by a free exhibition of alkalies and neutral salts; and these objects may be further advanced by the administration of purgatives, sudorifics, and diuritics, to act upon the various excretions. With the view of checking the further formation of the poison, and of restoring that healthy state of assimilation, which, at the outset of the disease, is interrupted or arrested, colchicum, mercurials and alteratives may be given, and as the febrile symptoms begin to subside, may be combined with, or followed by the use of quinia, or of some other tonic, which, at certain stages of the complaint, may be better calculated to improve the function of assimilation. In allaying the general irritability of the system, and more particularly, the irritability of the heart, opium, conium, and nitre, together with the cautious administration of antimony, are remedies of the greatest value; and if vascular action be excessive, and the secretion sluggish, bloodletting may be sometimes beneficially employed.

*A Treatise on Acute and Chronic Diseases of the Neck of the Uterus. Illustrated with numerous Plates, Colored and Plain.* By Charles D. Meigs, M. D., Professor of Midwifery and the Diseases of Women and Children, in Jefferson Medical College; Member of the American Medical Association; of the American Philosophical Soci-

ety, and one of the Council; Vice President of the Philadelphia College of Physicians; Author of "Obstetrics, the Science and the Art;" "Woman, her Diseases and Remedies;" "A Treatise on Certain of the Diseases of Young Children," etc. etc. *Quæ Prosunt Omnibus.* Philadelphia: Blanchard & Lea. 1854.

Dr. Meigs, as an author, has been so long known to the profession, that it would be useless for us to attempt a criticism of his somewhat peculiar style, or to call the attention of our readers to his excellencies or imperfections in composition; but the work before us is of so much interest, (and, in our opinion, the best of his productions,) that we can not refrain from giving it something more than a passing notice. The mechanical execution of the work is of the highest order, seldom equaled, and perhaps never excelled, in the publication of medical books in the United States. The numerous colored plates that fill nearly half the volume, are strikingly beautiful, life-like, and correct; and our distinguished author is singularly fortunate in the choice of his publishers, who certainly deserve the thanks of the entire Profession for having presented them with so neat a volume.

The author has made one assertion to which we must take exceptions, and perhaps this is the only point at which we would complain in reviewing the entire volume.

In speaking of the custom of some gentlemen devoting their attention especially to the diseases of the uterus, he says: "I regard this tendency to specialization as a thing most injurious to the Profession, *which ought to be a whole in the whole and a whole in every part.* Such specialization of the office of the physician is very far from tending to elevate the whole body in its usefulness to the public, however it may serve to exalt the interests of a few individuals, and it must be confessed that any specialization as to this sort of clinical duties, is both highly inconvenient to the people and disparaging to the Profession at large, while it is wholly uncalled for by the nature of the cases."

The domain of medicine is so extended, and diseases so nu-

merous and varied in form, that the promiscuous practitioner has not the time, inclination, or even the ability, to investigate closely every obscure form that disease assumes. The science of medicine is not indebted to the general practitioner for the rapid progress it has made in late years, from darkness and obscurity into the light of day, but it is to those great minds who have turned their attention to some particular branch, and have devoted their lives and their prospects of future distinction to its study and investigation.

If it had not been for this "specialization," that our author so much condemns, what would now be the condition of the healing art? Harvy, by "specialization," discovered the circulation. Jenner, by "specialization," robbed small-pox of its terrors. Hunter, by "specialization," gave us more knowledge of syphilis than a host of general practitioners could have done in a century. Stromeyer, by "specialization," has taught us how to remove the most frightful deformities. Laennec and Louis, by "specialization," have laid bare the organs of the chest, so that their diseases are readily detected. And Bennett, Simpson, and *Meigs*, by "specialization," have revealed those mysterious morbid conditions of the uterus that have for ages defied the skill of the general practitioner, and have been a hopeless curse to the sex.

Dropping these few remarks, we will pass on to some of the more essential parts of the work, and first of leucorrhœa. The discharge in this malady, our author thinks, is seldom a product of the vagina, and when wholly from that part of the system, it does very little damage to the constitution. On this subject he writes as follows: "While our own observation convinces us that profuse vaginal secretion is rarely met with in practice, we are equally convinced that some of the patients are rendered too moist by excessive activity of Duverney's glands, and farther, that the most mischievous of leucorrhœal secretions is that which comes from the canal of the cervix of the womb.

"The muciparous glands of the vagina furnish either a thin

watery mucus, or else one of a creamy consistence, which in other instances appears to be butyraceous, or concrete."

The excretion from the follicles and glands of the canal of the neck, however, is always gluey or albuminous, and resembles fresh white of eggs; and, when the patient, in describing the disorder, informs us that she discovers a slimy transparent mucus, and especially if it appears at intervals of once a day, or oftener, we may take it for granted that she labors under inflammation of the neck of the womb. There is no apparatus in the vagina itself for the secretion of this albumen; but the abundant follicles of the canal of the cervix are devoted solely to such production—when the cervix is chronically inflamed, that production is much increased; to that degree, indeed, as to impart a character of sliminess to the discharge, that makes it resemble *albumen ovi*.

It very often happens to observe this transparent viscid mucus to be wholly unaccompanied by any vaginal excretion; the substance coming away from the os uteri, and escaping upon the napkins without the least admixture. In using the metroscope, the same albuminous matter may be seen oozing forth from the orifice of the womb only, and so tenacious that it can not be wiped away with the sponge.

In cases of mucus discharges from the vagina, mild vegetable astringent injections will generally give relief; if this treatment should not succeed, a dilute solution of nit. arg. will seldom fail to cure, but "a vaginal injection for inflammation of the canal of the neck, is, simply, ridiculous. The albuminous leucorrhœa is a sign of inflammation of the cervix, in which is included the canal, with its copious muciparous apparatus. It is as much a surgical disorder as an ulcer of the leg, or an anthrax, or conjunctivitis. When the surgical disorder is cured the sign disappears. Hence we desire to express the opinion, that such leucorrhœas are to be held as acute or chronic inflammations of the canal of the neck, and ought to be treated accordingly."

This subject is one that all practitioners must feel a deep interest in, for there are few who have not, at some time, if they do not now, feel annoyed at a knowledge of their want of skill in the treatment of leucorrhœa.

We have selected the above extracts in the hope that a de

sire may be excited in our numerous readers to peruse the entire work, and thus ensure for it a wide circulation and an energetic demand.

For sale by Moore & Anderson.

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# Progress of Medicine.

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## IRELAND.

*Recovery after a large Dose of Hydrocyanic Acid.* By W. M. Burman, M. R. C. S. E., Wath-upon-Dearne.—The occurrence I am about to relate took place on August 6, 1853, at six, P. M.; but before going into detail, I must premise that my father and myself are practising together and use the same surgery. We keep our Scheele's hydrocyanic acid for dispensing, much diluted—namely, in the proportion of one minim of the acid to a fluid drachm of water; this is kept in a four-ounce purple glass bottle. It so happened that a short time previously, we had received a fresh supply of Scheele's acid in a bottle precisely similar to the one in which we keep our very dilute acid. This strong acid was put into a cupboard under lock and key, but on the day in question had been taken out to replenish the dispensing bottle, and then left on the surgery counter. Soon afterwards my father returned from his afternoon ride, and being troubled with slight dyspepsia, went into the surgery, as was his habit, and mixed himself a draught containing a little aromatic spirit of ammonia and bicarbonate of soda in two ounces of water, adding to it a fluid drachm of the *very dilute* acid, *as he thought*, but he took it out of the bottle of Scheele's acid standing on the counter. He drank this off, noticing nothing peculiar in the taste. In a few seconds afterwards, upon looking at the bottle, he thought the label appeared cleaner than usual, and the idea flashed upon his mind that perhaps he had taken the strong acid. A glance at the proper dispensing bottle, which was in its place, confirmed this. He directly poured half an ounce of aromatic spirit of ammonia into the measure, and drank it, *he believes*, without water, but he may have added some. He then walked into the house to

the bottom of the stairs, (a distance of about sixteen yards), and called me; I came down stairs directly, and went into the surgery, where I found him standing at the counter with a glass measure in his hand. He said, "I have taken a drachm of that acid; what can be done?" adding, "I have since taken half an ounce of aromatic spirit of ammonia." There was nothing in his appearance to attract my attention, but he spoke hurriedly, expiring deeply at the same time; he then sat down on a chair. I immediately put some crystals of sulphate of iron into a measure, adding one drachm of the tincture of the sesquichloride of iron, and one ounce of water, stirring the mixture vigorously, to get as many of the crystals dissolved as possible in the time, and gave it to him to drink, which he did. I had no liquor potassium at hand, or I should have added some to the mixture before giving it to him, to precipitate the mixed oxides of iron; as it was, I was obliged to trust to the ammonia he had taken. My object in giving him this was to endeavor to get the mixed oxides of iron in contact with, at least, part of the acid in the stomach, and thus to convert it into prussian blue, as suggested by the Messrs. Smith, of Edinburgh. Directly after drinking this, he began to breathe deeply, passed his hand over his forehead and top of his head, and said, "Oh, I feel very queer; had I not better go out of doors?" I said, "Yes," and with my assistance he staggered out, and dropped senseless in a sitting posture on a stone step at the surgery door. This was just about *two minutes* after taking the poison, as ascertained afterward by going through the same routine. From this time he recollects nothing till twenty minutes afterwards. His breathing was now slow and very deep; his eyes turned up completely under the upper lid; pulse moderate in volume, but very slow and intermitting. I hastily took off his neckerchief, fetched a large pitcher of water, and poured it over the back of his head and down his back. This produced no apparent effect at the instant, but a few seconds after, he vomited a mouthful of glairy mucus. (This was nearly four minutes from the time of taking the poison.) I sent for another pitcher of water, and during the interval again examined the pulse, and found it slower than before, feeble, and threatening to stop altogether; respiration very slow and deep, irregular, with blowing expiration and puffing of the cheeks; a little frothy mucus ran from his mouth. At this period the relaxation of the whole body was as great as that of a person recently dead. I now gave him

another dose of the iron mixture, as before, adding a little aromatic spirit of ammonia. By speaking loudly, shaking him, and pouring it into his mouth, I got him to swallow the whole of it. Meantime, the servant returned with another pitcher of water (about four pints), which I instantly poured down his back (five minutes after taking the poison). This appeared to arouse him a little, and directly afterward he vomited about two ounces of a deep bluish-green liquid; this I was glad to see, for I hoped that partial decomposition of the acid had taken place. The pulse and respiration were slightly quicker, and more regular; pupils still quite invisible; conjunctiva injected; face livid. After an inspiration more than usually deep, he opened his mouth wide, and stretched out his arms; a spasmodic flutter passed over the face, and then over all the body, and I expected fully to hear a scream, as I had generally noticed in animals, or that he was about to have a convulsion; but just as it began to pass off, he vomited twice, and seemed relieved by it. The vomited matter was still bluish-green, and this time mixed with pieces of half-digested meat, which had been taken at dinner, four hours previously.

I next gave him two drachms of aromatic spirit of ammonia in one ounce of water, and with some difficulty got him to swallow it. Having again filled the pitcher, I poured the water down his back as before, and directly afterwards he vomited two or three times—seven minutes from the time of taking the poison. The respiration and pulse were now very much better, the latter being quicker, and pretty regular. Soon after vomiting, I noticed a little movement of the hands, apparently voluntary. I now hoped the immediate danger was passed—eight minutes—so I watched the symptoms for a minute or two, and then the pulse beginning to falter a little, I gave him two drachms of aromatic spirit of ammonia in one ounce of water, which, with a little difficulty, he swallowed. I tried to get him to speak, or to give any evidence that he understood what was said to him, but failed to elicit any sign of consciousness from him; still I considered him tolerably safe, for the pulse was pretty strong and regular, and the respiration, although deep, was quite regular; the countenance was also now regaining its natural appearance, and that extreme flaccidity of the limbs was nearly gone. After about five minutes more had elapsed—fifteen minutes—he opened his eyes and gave utterance to an ejaculation, and evidently understood, to some extent, what was said to him.

Soon afterwards he complained of his trousers being wet, and this is the first circumstance he remembers after leaving the surgery more than twenty minutes before. We presentl got him into the house and gave him a little hot brandy and water. I was now anxious to get him to bed as quick as possible, judging that rest in the recumbent position would most conduce to his recovery. After sitting ten or fifteen minutes, he was able, with great difficulty and with our assistance, to walk up stairs, but vomited several times during the transit. We got him into bed, and soon afterwards turning to me, he said, "You should have used the cold affusion;" and seemed quite surprised when I told him that I had done so pretty freely. During the evening he took a simple effervescent draught now and then, and presently he dropped asleep. He passed a good night, and next morning complained of pain across the loins, but was otherwise pretty well, except a feeling of general weakness. I ought to have mentioned that my father is about sixty years old, and of a strong constitution.

A day or two afterward I analyzed the acid. I measured one drachm in the same two ounce measure that my father used, and put it into a minim measure; it filled up to seventy minims. I diluted this, and then added a solution of nitrate of silver till no more precipitate was produced. I repeatedly washed this precipitate, and dried it carefully for a long time; but to make sure that it contained no more water, I put it into a warm oven for an hour, during which time it lost nearly one-fifth of a grain. It now weighed exactly twelve grains, which would be equal to 2.4 grains of anhydrous hydrocyanic acid, *the quantity my father took.* As 100 grains of the acid filled up 105 minims in the same small measure, this would give 3.3 as the per centage of the anhydrous acid in the Scheele's acid used.

I have been thus minute, perhaps unnecessarily so, in the detail of this case, because it presents many points of unusual interest; some of these it may be well to recapitulate very briefly: 1stly, this is the largest quantity recorded (so far as I know), after taking which recovery ensued; 2ndly, the quantity of acid taken was *measured*, being certainly no less than one drachm of Scheele's strength (at 3.3 per cent.) and being equal to 2.4 grains of real acid; 3rdly, the time at which insensibility supervened after taking the poison is accurately known—namely, *two minutes;* lastly, the good effects of the cold affusion, and the probable decomposition of part of the poison by the mixed oxides of iron.

*The Recent Poisoning by Darnel at Roscrea.*—Surgeon John A. Powell deposed that on Christmas Day he was called out of church to see people; he visited several families, and found them laboring under symptoms produced from eating "ryely" bread. He then enumerated the names of many families whom he had attended (members of which were subsequently examined;) he had examined bread found in some of the houses, and found it contained "ryely."

Persons were produced to prove that they had purchased flour at the establishment of Messrs. Atkinson, in Roscrea, on the Thursday, Friday, and Saturday prior to Christmas Day, which flour they had made into bread, and having partaken of it, they and their families became unwell. As the evidence of these parties were almost alike, the testimony of the following is sufficient to be given in detail:

Sarah Kennedy deposed, that having purchased some thirds flour at Messrs. Atkinson's, she made it into bread on Christmas morning, and that after eating her breakfast she thought the cake rather queer; she felt like one who had been after drinking a barrel of whisky, and she trembled like the leaves on the trees. On cross-examination she stated that she had mixed nothing with the flour but a small quantity of soda and buttermilk; she got the soda in the same shop as the flour; she felt sick while eating the flour.

Esther O'Brien, a very intelligent girl, proved that on Christmas Day, after eating her breakfast, she went to the Sunday School, and while there found her head getting light, and the sight leaving her eyes; she staggered home as well as she could; on arriving there she found her three brothers lying on the flour very bad; she felt as if her stomach was boiling; she imagined that she and her brothers had been poisoned by eating the bad bread made from the flour which she had purchased at the establishment of Messrs. Atkinson, and she told her mother to run for an emetic; her mother left the house for that purpose, but she (the witness) finding herself getting worse went to hasten her mother, but before she had gone many yards she became so faint that she was obliged to seek refuge in the nearest house, where her stomach became sick, and afterwards she got better; she had eaten but a small quantity of the bread.

Mary Malone proved that not only herself and her husband, but also a pig, who had eaten a small quantity, became sick.

Robert and Richard Dwyer, porters in Messrs. Atkinson's

shop, proved that they had sold thirds flour to the parties who had been examined, and that they had received the flour so sold from the carters of the defendant (Mr. Lyster,) on the Wednesday previous to Christmas Day.

Mr. Atkinson, after being duly cautioned by the justices not to say anything which might criminate himself, was sworn, and examined by Mr. McEgan. He deposed that the flour which had produced so much sickness, he had purchased at Mr. Lyster's mills, at Mill Park, on Tuesday, the 20th of December, 1853, and which flour was delivered at his establishment in Roscrea on the following day; the flour was guaranteed to him as good, and relying on that engagement he had sold it as such and in the same state as it was "started" from Mr. Lyster's into his bins in his shop. After the circumstance, he (Mr. Atkinson) accompanied by one of his bakers, went to Derrinsalla mills, where Mr. Lyster resides; he saw him, and told him of the consequences, and of the loss which he had sustained in his business. Mr. Lyster expressed his sorrow, and said it had occurred without his consent, and that it was caused through the ignorance of his man of business, who mixed ryely with the wheat sold to him as flour. Mr. Lyster also said that it was rank folly for his clerk to offer for sale such flour at Mill Park, for if the clerk had only sent it to Derrinsalla, he (Mr. Lyst. r) would have netted 2s. a sack on it more than he (Mr. Atkinson) had paid for it. Mr. Lyster then further stated that he would take the who'e responsibility of it upon himself, and that he would write to Mr. Hetherington, his clerk, to appear before the magistrates, and to state that the flour was sold through ignorance, not knowing the pernicious effect of the ryely. This witness underwent a very searching cross-examination, with the view of showing that he had flour of the same quality on sale, which might be the article which produced the sickness; but he positively swore that on Thursday, the 22d of December, having heard complaints of the flour, he had what was purchased from another miller in the neighborhood put into sacks, and from that up to Saturday evening suffered only what he had purchased from Mr. Lyster to be sold; it was fine, and snowy white; received a letter on Saturday, the 24th of December, and made sales after the receipt of that letter; after the complaints were made, a clerk of Mr. Lyster's was in the shop, and on being asked was anything wrong with the flour, he said not, that it was made from pure wheat, except what ryely their machinery did not take out. Mr. Atkinson not having the letter

referred to in his cross-examination, a messenger was sent for it, and on his return it was read. It was written by the clerk who had sold the flour, and it was to the effect that the writer regretted to hear that the thirds flour he had sent was not liked. He could not account for it, as it was made from nothing but pure wheat, unless what small portions of ryely the machinery could not take out.

The case for the prosecution then closed.

Mr. Jacob addressed their worships on behalf of the defendant. It was to be regretted that such an occurrence should have taken place, but nothing serious had eventuated from it. He should admit that the seeds of darnel grass was among the flour; it was a well known fact that it grew among their wheat. He then quoted "Taylor on Poisons," to show that there never was an instance where the use of the ryely had proved fatal to man. His client had made no false representation. It was sold as thirds flour, and from which the machinery did not separate the small ryely. There was no proof to show that it had been mixed, and the mixing was the ingredient of that section: he contended that there was no evidence that the flour was mixed, and under all the circumstances he called upon the court to dismiss the complaint.

There were no witnesses produced for the defense.

After a few minutes' consultation,

Mr. Prittie said that they considered the case fully proved, and consequently felt bound to convict the defendant. From the great quantity of ryely in the flour it was their opinion that it was not accidental, while they would admit that a certain small portion might be in it. Under the circumstances, they felt it to be their duty to impose the fullest penalty awarded by the statute for such offence—namely, a fine of £2 and costs.

Mr. Jacob intimated an appeal.

Mr. Atkinson admitted to having sold the adulterated flour, but denied that he knew it was adulterated.

The Magistrates, under these circumstances, only imposed a nominal penalty of 1s. with costs of court.

*Darnel.*—This is the Lolium temulentum of Linnæus. The name is very expressive of the nature of this poisonous weed, for it causes, among its other consequences, intoxication and delirium. Lolinm temulentum means literally "drunken narnel." It is often found growing among autumn sowed corn. Ovid informs us that it is injurious to the eyes,

a fact established by the dimness of vision occasioned by it to the recent poor sufferers at Roscrea. Virgil appropriately calls it "infelix lolium," *i. e.*, unlucky darnel, in the following passage in 1st Georgic:

"Interque nitentia culta
Infelix lolium et steriles dominantur avenæ."

Thus rendered by Dryden:

"Sad darnel domineers,
And shoots its head above the shining ears."

The Irish name for this noxious herb is *braoithilean*, as if from *braoi*, the eyebrows, and *dilean*, a flood or deluge, owing to the dizziness, suffusion of the eyes, and injury to vision, to which its being taken into the stomach gives rise.

Mr. David Moore, of the Royal Dublin Society, in his excellent practical work on "British Grasses," says: "It is the only one of our British Grasses which is deleterious, and therefore rather to be avoided than encouraged. Nothing marks out bad husbandry more clearly than its prevalence, as it inclines most to grow upon poor worn-out soils, especially where oats have been frequently repeated as a crop. In such places it sometimes forms a large portion of the produce, and on the grain being made into meal, the darnel mixes with it, affecting the head and stomach of those who partake of it, as we have oftener than once experienced."

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## UNITED STATES.

*On the Venom of Serpents.* By J. Gilmam, A. M., M. D., LLD.—There is much in the history and habits of the reptile tribes, however repulsive they may be in appearance, that is very interesting. During a sojourn of two or three months in the interior of Arkansas, which appears to me to be the paradise of reptiles, I paid some attention to that branch of natural history called ophiology: I found four distinct varieties of rattle-snakes (*Crotalus*) of which the Crotalus Horridus and Crotalus Kirtlandii are by far the most numerous. The former is the largest serpent in North America. The family of moccasin snakes (Colluber) is also quite numerous, there being not less than ten varieties, most of which are quite as venomous as the rattle-snake. By dissecting great numbers of different species I learned that the anatomical structure of the poisoning apparatus is similar in all the different varieties of venomous serpents. It consists of a strong frame-work of bone, with its appropriate muscles in

the upper part of the head, resembling and being in fact a pair of jaws, but externally to the jaws proper, and much stronger. To these is attached by a ginglymoid articulation, one or more movable fangs on each side, just at the verge of the mouth, capable of being erected at pleasure. These fangs are very hard and sharp, and crooked, like the claws of a cat, and hooking backward, with a hollow from the base to near the point. I have occasionally seen a thin slit of bone divide this hollow, making two. At their base is found a small sac, containing two or three drops of venom which resembles thin honey. The sac is so connected with the cavity of the fang during its erection, that a slight upward pressure forces the venom into the fang at its base, and it makes its exit at a small slit or opening near the point, with considerable force; thus it is carried to the bottom of any wound made by the fang.

Unless the fangs are erected for battle, they lie concealed in the upper part of the mouth, sunk between the external and internal jaw bones, somewhat like a pen-knife blade shut up in its handle, where they are covered by a fold of membrane which encloses them like a sheath; this is the *vagina dentis*. There can be no doubt but these fangs are frequently broken off or shed, as the head grows broader, to make room for new ones nearer the verge of the mouth; for, within the vagina dentis of a very large crotalus horridus, I found no less than five fangs on each side—in all stages of formation—the smallest in a half pulpy or cartilaginous state, the next something harder, the third still more perfect, and so on to the main, well set, perfect fang. Each of these teeth had a well defined cavity like the main one. Three fangs on each side were frequently found in copper-heads, vipers and others.

The process of robbing serpents of their venom is easily accomplished by the aid of chloroform, a few drops of which stupifies them. If, while they are under this influence, they are carefully seized by the neck, and the vagina dentis held out of the way by an assistant, with a pair of forceps, and the fang be erected and gently pressed upward, the venom will be seen issuing from the fang and dropping from its point. It may then be absorbed by a bit of sponge, or caught in a vial, or on the point of a lancet. After robbing several serpents in this manner, they were found after two days to be as highly charged as ever with venom of equal intensity with that first taken.

During the process of robbing several species of serpents,

I inoculated several small but vigorous and perfectly healthy vegetables, with the point of a lancet well charged with venom. The next day they were withered and dead, looking as though they had been scathed with lightning.

In attempting to preserve a few drops of venom for future experiments, in a small vial with two or three parts of alcohol, it was found in a short time to have lost its venomous properties. But after mixing the venom with aqua ammonia, or spirits of turpentine, or oil of peppermint, or of cinnamon, or of cloves, or with nitric or sulphuric acid, it still seemed to act with undiminished energy. It is best preserved, however, for future use, by trituration with refined sugar, or sugar of milk.

A very fine large cotton-mouth snake, being captured by putting a shoe-string around him, became excessively ferocious, striking at even the crack of a small riding-whip. Finding himself a prisoner, without any hope of escape, he turned his deadly weapons on his own body, striking repeatedly his well charged fangs deeply into his own flesh. Notwithstanding this, he was put into a small basket and carried forward. In one hour after, he was found dead, and no amount of irritation could excite the least indication of life. Four hours after, while removing the skin for preservation, the blood oozed slowly from the vessels in a dissolved state. No violence was done to his snakeship, except what he did to himself.

Another moccasin, shot by a pistol about two inches back of the head, and skinned immediately, gave decided evidence of vitality four hours after being flayed, by wreathing the body whenever it was irritated by a scalpel.

A large rattle-snake beheaded instantly with a hoe, would an hour and a half after, strike at anything that pinched its tail. Of several persons who were testing their firmness of nerve, by trying to hold the hand steady while the serpent struck at it, not one could be found whose hand would not recoil in spite of his resolution, and one man, a great bully by-the-by, was struck on the naked throat with considerable violence by the headless trunk of the serpent, and staggered back, fainted, and fell from terror.

Mr. Stewart, of Miss., tells me he witnessed a similar scene. An old hunter shot a rattle-snake's head off, and after reloading his gun and standing sometime, he stooped to pull off the rattles, and the bloody but headless trunk of the snake struck him in the temple, and he fainted and fell down with terror.

Seven venomous serpents belonging to five different species were made to fraternize and dwell amicably in one den. A beautiful pair of long bodied speckled snakes, known as king-snakes, and found to be fangless, and consequently without venom, were duly installed as members of the family. Some uneasiness was perceivable among the older members, but no attempt was made to destroy the intruders, though they might have been killed instanter. The next morning four of the venomous serpents were found to have been destroyed by the king-snakes, and one was still within their coil, and the two remaining ones would make no effort at self-defense. A large rattle-snake seemed stupid and indifferent to his fate. He could not be made to threaten or give warning even with his rattles. The smallest king-snake was afterward inoculated with the poison of one of the serpents he had destroyed, and died immediately after—thus evincing that they must have exercised some power beside physical force to overcome their fellow-creatures.

In short, the results of a great number of experiments performed with the venom of a great variety of serpents, seem to lead to the following conclusions:

1st. That the venom of all serpents acts as a poison in a similar manner.

2d. That the venom of some varieties is far more active than that of others.

3d. That a variety of the colluber, known as the cotton-mouth, is the most venomous serpent in Arkansas.

4th. That the venom of serpents destroys all forms of organized life, vegetable as well as animal.

5th. That alcohol, if brought in contact with the venom is, to a certain extent, an antidote.

6th. That serpents do possess the power of fascinating small animals, and that this power is incidental with mesmerism.

7th. That the blood of small animals, destroyed by the venom of serpents, bears a close resemblance to that of animals destroyed by lightning or hydrocyanic acid; it loses its power of coagulation and can not be kept long from putrefaction.

*Hints on the Causes of Blindness.* By Wm. Chapin, of the Pennsylvania Institution for the Instruction of the Blind. —Mr. Editor: I desire to communicate, through your useful Journal, some facts illustrating the hereditary tendencies

or predisposition to blindness. The facts will apply with equal force to deafness, insanity and other congenital infirmities.

The popular belief is, that blindness and deafness, when congenital, may often be traced to blind or deaf parents, or to some previous generations. Hereditary insanity is more evident than either of the other afflictions. But it will be found, on examination, that transmission, from like infirmities, is comparatively very rare, in the cases of the deaf and the blind.

In respect to the last class, particularly, the writer has had some opportunities of observation. From the statistics furnished by the Institutions of the Blind in this country and Europe, I am able to state that the prolific cause of blindness, inherited from birth, is the *intermarriage of relatives*, particularly of *first cousins*.

The tendency of such marriages to produce an inferior or diseased offspring, is a physiological fact well established. Idiocy and insanity in the same family, with blindness, is not an uncommon occurrence, where the parents were first cousins. The writer knows one family of *seven* blind children; another of three blind and one idiot child; several of two blind each, and an indefinite number with one blind child in each, the parents being cousins. Two brothers married two sisters, who were cousins—each family had one blind daughter. The facts are so usual, that whenever more than one deaf, blind, or idiot child, is found in a family, it may fairly, in most cases, be referred to the above cause.

The writer, a few years since, examined the "*Hospital Royale des Quinze-vintgz*," in Paris, with reference partly to this subject. This is the celebrated hospital for "*fifteen score*," or three hundred blind persons, founded by Louis IX, in 1260.

These blind persons are encouraged to marry with each other, but generally with persons outside. The community numbers 870 in all, in 245 distinct families, of whom 113 are children born in the house. All these children have one or two parents blind. If blindness, therefore, tends to transmit blindness, we should certainly find this hospital one of the most favorable places to prove it. But on the contrary and I confess my surprise, *not a blind child had ever b·e born in the house.*

It would be incorrect, however, to infer from so striking a a fact, that blindness is never transmitted by blind parents

I know a young lady whose progenitors, for five generations, have been blind, at least one of the parents, in succession.

Sometimes nature appears to be eccentric in her operations. A lady in Ohio had three blind children. Neith r the parents nor grand-parents of the children were blind. But the lady's *brother* had two blind children, and she had also two *uncles* blind. I have known of some twenty marriages in this country, in which one party was blind and ssveral where both were blind; but the offspring in every case have good sight.

What then are the chief causes of blindness? In England and Ireland, *Small Pox* has produced more blindness than any other known cause. In the Liverpool Asylum, from its foundation, there have been 229 cases, or one-fifth of the whole number, from Small Pox. Of 1,296 blind persons, from two asylumns, the following are noted as the principal causes:

| | |
|---|---|
| Blind from birth, - - - - - - | 123 |
| Small Pox, - - - - - - - | 258 |
| Inflammation, - - - - - - - | 429 |
| Cataract, - - - - - - - | 139 |
| Accidents, - - - - - - - | 135 |
| All oter causes, . - - - - - | 211 |

Inflammation, or Opthalma, is a rather indefinite term in such reports, covering a multitude of cases attended with inflammation, where the precise cause is obscure and unknown.

There are, for example, many cases of children born with good sight, but with a constant tendency or predisposition to blindness, in whom the slightest accident or exposure to cold, produces inflammation and loss of sight. A slight injury develops the hidden weakness of the organ. There were two blind children, a brother and sister, in one of our institutions, who lost each of their eyes, though apparently sound, by four separate accidents—some of them so slight, that a perfectly healthy eye would scarcely have suffered.

In this country, Small Pox has caused comparatively very little blindness. According to the Register General's Report, of Great Britain, between four and five thousand persons were blinded by it, in England and Wales alone.

Of 118 blind children received in the Ohio Institution up to 1846, only one had been blinded by Small Pox. And of 237 children received into the Pennsylvania Institution, at Philadelphia, only 10 became blind from Small Pox.

The statistics of that Institution, where a careful register

is kept, show the following results, which are important, as presenting a fair general average of the causes of blindness in the country at large, viz:

| | |
|---|---|
| Opthalmia, | 74 |
| Amaurosis, | 22 |
| Cataract, | 20 |
| Congenital, | 18 |
| Small Pox, | 10 |
| Scarlet Fever, | 6 |
| Measles, | 6 |
| Accidents, | 43 |
| Other causes, | 28 |
| Total, | 237 |

Of this whole number, 85 were born blind, or lost their sight the first year; over one and under five years; 31 between five and ten; 36 between ten and twenty, and 26 over twenty years of age.

These facts show the large number who are born blind, or become so in early infancy. More than one-third of the whole were blind under one year old, and nearly one-half before the third year.

Of the 10,000 blind persons in the United States, we may assume that 7,000 are under thirty-five years of age. Of this number, about 3,400 were blind at birth or before the third year.

All the above facts only illustrate, perhaps, the general law of hereditary tendencies, not of disease transmitting its like, for exceptions in the above cases appear to be the rule; but that certain constitutional conditions in parents, produce peculiar defects in their offspring. Such being nature's law and her severe penalties, it is very important that a full knowledge of it should be spread, and the unhappy results, as far as possible, avoided. W. C.

Philadelphia, December 10, 1853.

*Alcoholic Liquors in the Practice of Medicine.* By N. Gilman, M. D.—As no one inclines to answer the questions which I proposed in my first article, I will give my own crude notions upon the subject, hoping, at least, to elicit truth from others.

The first question—"Are alcoholic liquors indispensably necessary in the practice of medicine?" I answer in the negative.

Alcohol, by the physician, is used for three specific purposes.

*First*, as a stimulant in cases of debility.

*Second*, as a solvent for medicines that are insoluble in any other menstruum.

*Third*, to preserve vegetable compounds from decomposition.

As a *stimulant*, alcohol possesses great power, but its usefulness is not proportionate. Such is its peculiar nature, that it is very difficult if not impossible to adapt it to the wants of the system in a debilitated state. There is no doubt that a comet possesses wonderful propelling power; still it might be very difficult to make a practical and safe application of that power on a railroad. Take a patient reduced low by fever, for instance. Apply sound physiological and pathalogical principles, and ascertain the wants of the system; then look at the properties of alcohol, and see if it is capable of supplying them.

When reduced low by fever, the vital powers are nearly exhausted by the previous excitement and deficient nutrition. Is stimulation indicated? Does the patient need to have another excitement produced in the system, which will make a still greater draft on his latent nervous energies? Does he not rather require perfect rest and suitable nourishment? Undoubtedly, for nothing else can impart *real, permanent* strength, and restore the wasted powers of life. This is so plain that it can be understood by any reflecting person, without any knowledge of physiology. When the mass of the people, who have no medical education, shall get their eyes open and look into this subject for themselves, some of our learned craft will be ashamed of their own stupidity.

We will next look at alcohol and learn its nature—then determine whether it imparts any strength to the body. Alcohol, in all its forms, is a mere *stimlant;* or rather, with more propriety, it might be called an *irritant poison*, possessing no tonic or strengthening properties whatever. The digestive organs have no power to change it, or extract from it any nourishing principle. Without undergoing any change, except what is produced by dilution, it is taken up by the absorbents, carried into the blood, and goes the rounds of the circulation. Thus, every organ and tissue in the body has an irritating poison brought into actual contact with it. This must be expelled without delay, or their vitality is endangered. An additional task is thus imposed on the vital or-

gans. The apparent increase of strength is nothing more than the latent nervous energies, aroused for the sole purpose of driving out this enemy from the body. When this task is over, there is still greater exhaustion. Nothing has been gained by the operation, but a positive loss has been sustained.

There are two other ways in which the presence of alcohol in the blood disturbs the vital functions. First, it interferes with the nutritive operations. Dr. Carpenter says, "Among the most important of the chemical changes which alcohol has the power of effecting, is the coagulation of soluble albumen; and although it will rarely, if ever, be introduced into the mass of the blood, or into the serous fluids of the tissues, by any ordinary alcoholic potations, in a sufficiently concentrated state to effect this, yet we should anticipate that its presence, even in a very dilute form, must affect the chemical relations of albumen, and can scarcely do otherwise than retard that peculiar transformation by which it is converted into the more *vitalized* substance, fibrine." That such is actually the case, will be rendered probable by the considerations to be presently adduced.

"No considerable changes of a chemical nature can take place in any of the animal tissues without disordering their *vital* properties also; and we have now to inquire into the mode in which these properties are affected by the contact with alcoholic liquids. In the first place it would appear that the solidifiability of the fibrine, which is its special vital endowment, is impaired by the introduction of alcohol into the fluid that contains it; for when an animal is killed by the injection of blood vessels, the blood often remains fluid after death, or coagulates but imperfectly. Now, as it is probable that nearly all the organized tissues are developed at the expense of fibrine, it is obvious that anything which impairs its organizability must have an injurious influence upon the general nutritive operations; and we shall hereafter find confirmation of this inference in that peculiar condition of the system which results from excessive habitual indulgence in alcoholic potations, and of which the imperfect elaboration of fibrine is one of the special characteristics."

This quotation needs no comment. It is quite obvious that any medicine, which so decidedly interrupts the restorative process, cannot impart strength to the exhausted body.

☞ *Secondly.* The presence of alcohol in the blood disturbs the vital functions, by preventing the decarbonization of the blood

through the agency of respiration. And here Dr. Carpenter shall speak for us again. "The alcoholic odor of the *breath* is a sufficient indication that alcoholic vapor is exhaled from the lungs in the act of respiration; but the quantity of this is probably small in comparison with that which is carried off in another way, viz: by the combustive process which takes place in the blood at the expense of the oxygen it contains, and which converts the alcohol into carbonic acid and water; both of which are set free by exhalation from the lungs. The readiness with which alcohol is thus oxydized, in fact, is probably one cause of its influence in giving a venous aspect to arterial blood; since it will withdraw the oxygen from other substances which are waiting to be eliminated by the combustive process, and the accumulation of which will deteriorate the character of the fluid."

The injury arising from this source is proportionate to the quantity used. In health, no appreciable effect might be produced by the small quantities administered in sickness; yet we may safely infer that when the system is so much prostrated that the lungs can with great difficulty so far purify the blood as to enable it to stimulate the heart and brain to action, a very minute quantity of alcohol, by imposing an additional task, may cause a fatal result. The physician who proscribes alcohol under such circumstances, thwarts his own purpose. It has long since been known that it never imparts any *new* strength, but only makes a draft on what one already possesses. As in health, so in sickness, it is never capable of affording any other strength than is imparted by the lash to the jaded horse.

This, being the case, it would seem to be self-evident that it can, in no case of prostration from fevers or any other debilitating causes, facilitate recovery. On the contrary it must hasten death, when the nervous energies are too much exhausted to allow of the recovery without stimulation, and actually *cause* a fatal termination, when the vital powers are barely sufficient to keep up the action of the art till they can be invigorated by rest and nutrition. It is only in cases where the patient has more strength than he actually *needs*, that it would be safe to stimulate with alcohol. The physician who prescribes port wine or any other alcoholic stimulant in such cases, does not understand the difference between stimulation and nutrition; consequently, he fails to prescribe scientifically. A patient thus reduced may be compared to a lamp with the oil so nearly exhausted as to present but a

slight flickering blaze. The gentlest motion or breatn of air will extinguish it. It will burn for hours if not disturbed —yet if you pick up the wick, a momentary flame is produced, and then entirely disappears. If you had carefully filled the lamp with oil, the flame would have been *permanently revived.*

So much for theory; now for practice. A person is sick of fever, a crisis takes place at the proper time, the patient is convalescent, and the doctor recommends a little wine to strengthen him. Under its use the patient feels better, an appetite is excited prematurely, and indulged too freely. He grows worse, and is soon apprised by his physician that "he has been imprudent in eating and caused a relapse of the fever." Another has typhoid fever, is very feeble—wine is resorted to for the purpose of keeping up the strength. The vital powers are rallied, and strong hopes are entertained of his recovery. But the next day, perhaps, an inflammation is developed in the brain, lungs, or abdominal viscera, and the symptoms become alarming. The doctor is summoned, and assures the friends that "another fever has set in, and he fears it will go hard with the patient."

It may be laid down as a rule, that if alcoholic liquors relieve or seem to cure one disease, they cause some other, as bad or worse. The pleasurable feelings resulting from the stimulation, lull all suspicion of the mischief going on, which is usually referred to the patient having "taken cold or eaten something to hurt him," or, as not unfrequently happens, that modern scapegoat *calomel* is obliged to bear away all the sin and reproach of this deleterious article. The necessity of stimulants, in such cases, is not so great as is generally supposed. The patient is not always dying when the pulse is very feeble and intermittent. This is no very uncommon occurrence when the excitement of fever is gone. If there are latent nervous energies, nature will call them into action; if there are none, stimulants will have no effect. I would not take the resposibility of deciding the point whether stimulants of any kind are beneficial in these cases, but I do venture the opinion, that if necessary, we have at our command many articles of that kind which should have the preference to alcohol. Of this character are ammonia, oil of peppermint and spearmint, ginger, Cayenne pepper, serpentaria, etc. Some of these act simply upon the primæ viæ as stimulants, and by sympathy upon the brain, heart and other vital organs. If we can give the desired impulse to the

heart, brain and nervous system without subjecting these organs to the poisonous contact of alcohol, much is gained.

South Deerfield, Feb. 7, 1854.

*On the Pathology and Treatment of the Diseases of the Scalp, popularly known by the name of Ringworm.* By WILLIAM JENNER.—Of the varieties of the skin diseases those affecting the scalp come, perhaps, the most frequently under our notice. Students, and even practitioners, are often extremely puzzled to diagnose these disease of the scalp. This difficulty is partly due to the resemblance of some of them to each other, and partly to the fact that while some writers have given the same name to different things, others have given different names to the same thing.

Several of these scalp affections are popularly called "ringworm," and you must have many times observed the anxiety with which the mother asks whether her child has the ringworm. The cause of her anxiety is, that she understands by the term she employs, a very obstinate and contagious disease.

I propose to consider, to-day, certain of these diseases of the scalp, which bear a highly important pathological, etiological and therapeutical relation to each other, although they differ very greatly in their readily recognizable physical characters.

You are aware that on the mucous membrane of the mouth, in one form of the disease termed apthæ, microscopical parasitic plants are developed in enormous quantity; and that, in the stomach, not uncommon vegetable growths are sarcinæ Goodsirii and torulæ cerevisiæ.

It has been shown, that parasitic plants are also sometimes developed on the skin and its appendages; and in several scalp affections, to which the popular name of ringworm has been especially given, (because they are obstinate and contagious diseases, having a tendency to spread in circles), these parasitic vegetables are found in or around the hairs.

What is popularly meant by ringworm, was, by some of the older writers on skin diseases, expressed by the word tinea; but the technical name being found, as our knowledge advanced, to have no definite signification, gradually fell into disuse.

It has been recently proposed to employ this word tinea again, and to give it a precise signification. Under the generic name tinea, it is proposed* to include all diseases of the hairs

*Bazin *Recherches sur la Nature et el traitement des Teignes.*

produced, kept up, or attended by the development of parasitic plants.

In this genus are included the following species: Tinea favosa, tinea tonsurans, tinea decalvans, tinea sycosa.

Tinea favosa most commonly affects the hairy scalp, but now and then it is found on other parts of the surface. It is characterized by thick, dry, yellow crusts, which, if small, are circular in outline, and depressed in the center, cup-shaped. Passing through the center of each of these crusts is a hair. The larger circular crusts have a diameter of ½ inch, and appear as though made up of concentric rings, alternately yellow and brown in color. If the crusts are very large, they have an irregular shape; but still they indicate their origin from distinct cenetrs by the semi-circular outline of the masses which project from their margin. These large, irregular crusts are pitted on their surface, and from their fancied resemblance to the cut surface of a piece of honey-comb, the disease has received the name of favus.

The margins of the large crusts rise considerably above the level of the cuticle; internally, they seem as though half-buried in the substance of the cutis. Carefully detach the cutis, and a distinct layer of epithelium is found below them; examine the surface of the smaller crusts, and you will find a layer of epithelium covering them.

The hair, at an early period of the disease, can be pulled out from the center of each little crust with great facility. Subsequently it *falls off*, and permanent baldness ensues.

The crusts, then, of tinea favosa, are remarkable for their thickness, dryness, brittleness, and depressed center. Tinea favosa is not a pustular disease, but it is said, by those who have seen much of it, (it is a rare disease in London), to be often consecutive to eczema, impetigo, chronic lichen, and herpes circinatus; pustules are sometimes formed subsequently to tinea favosa, in consequence of the inflammation excited by the crusts, and the injury inflicted on the scalp by scratching.

That tinea favosa was contagious, was placed beyond doubt by Remak. He bound a crust, removed from a patient suffering from this disease, on to his own arm; after a few days the crust and bandage came off, and there was no appearance of any effect having been produced. But fourteen days after, he felt the part itch, and in a short time a crust of tinea favosa formed on the spot.

Tinea favosa is said to occur chiefly in the scrofulous, those mentally weak, and those in bad health.

Tinea tonsurans is often mistaken for herpes circinatus of the scalp, with which it is now and then conjoined. It is characterized by pallor, discolorization, and brittleness of the hairs, and the presence of thin, white, powdery scales around the base of the hairs, and on the skin between them. The diseased hairs have been likened to tow. Their brittleness is sometimes such that every hair on the affected spot is broken off just above the surface of the skin. It is only when inflammation arises, in consequence of neglect, or the application of topical irritants, that crusts are formed on the patches of tinea tonsurans.

In tinea decalvans the hair falls out rapidly from one or more circular spots, leaving a smooth, bald surface. There is no eruption of any kind, no crusts, no scales.

Tinea sycosa is characterised by inflammation of the hair follicles. Sometimes the inflammation leads only to the effusion of serosity, and the exudation of lymph around and into the hair. At other times, and more commonly, pus is formed, and then when the pustule breaks, a brownish scab is formed on the surface. The usual seat of tinea sycosa is the chin, upper lip and cheek. Tinea sycosa rarely occurs on the scalp, and does not spread circularly; so far as I know, the name of ringworm has never been applied to it.

You will have remarked, then, from the characters of the species of tinea I have mentioned, that:

Tinea favosa is especially characterized by its crusts.

Tinea tonsurans is especially characterized by decolorization and brittleness of the hair.

Tinea decalvans is especially characterized by baldness not preceded or accompanied by an eruption.

Tinea sycosa is especially characterised by inflammation, tenderness, hardness, and suppuration of the hair follicles.

I told you that these diseases are arranged together in one genus, because in all a parasitic plant is developed in connection with the hairs. Now, the plant present is different for each species of tinea; and the situation occupied by the parasite is also different in each species of that genus.

In tinea favosa, the parasite is the *achorion Schonleinii.* This plant has mycelium, sporule-bearing branches, and sporules. The sporules are round or oval, and their diameter varies, according to Gruby, from 0.003 mm. to 0.01 mm.

The vegetable growth is first perceptible between the layers of the epithelium, just at the orifice of the hair follicle; from this point it may spread downward between the hair and its

capsule, and upward around and in the substance even of the hair.

In tinea tonsurans the parasite is the *tricophyton tousurans.* This plant is composed of spores only; the spores, however, are occasionally somewhat elongated, and arranged in a linear series. They are round or oval, and their diameter varies from 0.003 mm. to 0.01 mm.

The primary seat of the trichophyton tonsurans is the root of the hair; subsequently, it extends up into the substance of the hair, and even outward, according to Bazin, on to the skin between the hairs.

In tinea decalvans the parasite vegetable is the *microsporon Audouini.* This plant is formed of branched filaments, on which the spores are developed. The spores are very small; from 0.001 mm. to 0.005 mm. The seat of the growth is the outside of the hair; it forms a sort of sheath around the hair, from the surface of the skin upward, from 1 mm. to 3 mm. Gruby first described this plant, and its relation to tinea decalvans, and Robin says, he can confirm the accuracy of Gruby's description.

In tinea sycosa the parasite is the *microsporon mentagrophytes.* It is also composed of filaments and spores; but the spores are larger, and the filaments broader, than those of microsporon Audouini.

The seat of the growth is the hair follicle between the hair and the capsule.

I have told you the names I would have you employ to signify the diseases I have described and demonstrated to you; but you ought also to know the names employed by the writers on skin diseases most popular in this country, to signify the same things.

Tinea favosa, then is called porrigo favosa by Willan and Bateman; favus by Dr. A. T. Tomson, Simon, and many other writers.

Tinea tonsurans is called porrigo scutulata by Willan, Bateman, and Dr. A. T. Tomson; herpes tonsurans by Cazenave; and trichinosis furfuracea by Mr. Wilson.

Tinea decalvans is called porrigo decalvans by Willan and Bateman; vitiligo of the hairy scalp, by Cazenave.

Tinea sycosa is called mentagra by Willan and Bateman; sycosis by Mr. Wilson.

As to the etiological relation of the parasite to the disease, it appears that the spores of the vegetable growth require for their development a peculiar nidus. I say so, because all per-

sons who mix with children suffering from tinea do not have the disease. But if a soil highly favorable to their growth exists, then a spore having found its way on to that soil developes and forms other spores, and so the parasite spreads over the surface of the individual more or less rapidly, according to the more or less favorable nature of the soil.

You will observe, however, that the abnormity of the secretion necessary for the development of these spores is not appreciable by our senses, nor by the sensations of the patient, for Remak did not know, when he applied the favus crust to his own arm, that his skin was not in all respects healthy; nor was he aware, when he removed the crust, that the secretions of his hair-follicles differed from those of the most healthy individual; and it was not till a fortnight after, that he was conscious that his arm was diseased. This experiment of Remak, then, proves that a secretion in which these parasites can grow, may be formed by the hair-follicles, and the patient believe himself to be in perfect health, not only generally, but even so far as concerns his skin; and that it is only when the parasite has developed in the secretion, that what we call the disease begins; then it is that the growth of the hair is impeded, that is altered in color and in intimate structure, that ultimately the hair falls out, and the hair-forming apparatus is so far damaged by the foreign body that it fails to construct even imperfect hairs, and baldness results.

It would appear, from the fact of a large number of children, whose scalps are supposed to be healthy, suffering from tinea tonsurans, when placed in situations where the spores of microphyton tonsurans are floating in the atmosphere, that many persons whose scalps are considered healthy, have in their hair-follicles a secretion suited to be the nidus of this plant.

The patient suffering from tinea comes under our care for the perceptible disease, and will be well contented if we can cure him of that; but it would be better if we could also destroy the susceptibility to the disease—if we could bring the hair-follicles into a state in which they no longer secrete a nidus in which the plant can grow.

Strumous and weakly children, especially if dirty in their persons, are more frequently than others the subjects of tinea; therefore, it has been inferred that struma, debility, and dirt favor the formation of the secretion in question. In the treatment of tinea, then, we strive to enforce personal cleanliness, to strengthen the patient and improve his general health, and *to destroy the parasite.* As to the first and second objects

they are to be effected by attention to hygienic rules, ablution, air, exercise, and diet; tonic medicine, and cod-liver oil especially, are in some cases useful. But you may kill the parasite in all cases, and in many cases cure the disease, by topical applications alone. Agents, the effect of which is to destroy directly the parasite, are called "parasiticides." Several agents having such an action have been brought before the profession. Some physicians use a solution of corrosive sublimate. Acetate of copper has been also employed; but these agents are not sufficiently powerful parasiticides for the small quantity of them that finds its way into the hair-follicles to kill the growths occupying that situation. Therefore, Bazin, who is one of the great advocates of their employment, with the especial object in view of killing the parasites, and not modifying the secretion, says, that it is essential for their efficient action that epilation be performed; that is, that the hairs be forcibly removed from the affected parts. He says, that only two or three hairs should be taken hold of by the pincers at the same moment; and that if this rule be observed, and diseased hairs alone be operated on, the patient suffers no pain from what seems, on paper, a very terrible operation.

It is highly probable that the employment of sulphurous acid, as a parasiticide, will altogether do away with the necessity of epilation. This agent was suggested by Professor Graham, as a possible remedy for cholera, at the time that disease was supposed to depend upon the presence of entophytes in the intestinal canal. It was first employed by myself to check fermentation, and to destroy the sarcinæ Goodsirii and torulæ cerevisæ. When lecturing on this subject, some time since, I said: "Considerable benefit may be anticipated from the employment of sulphurous acid, in all diseases attended with the development of parasitic plants. I would especially mention porrigo."

In regard to porrigo (tinea favosa), these anticipations have been fully realized, and the results of a single case make it probable that the beneficial effects of this parasticide will be equally great in tinea decalvans.

I may mention, too, that in some forms of trush, this agent acts most rapidly, one application of a solution of sulphite of soda * (ʒj. to ℥j. of water), sufficing to remove the disease

* Several medical men have lately administered the hypo-sulphite of soda, instead of sulphite, but the latter is the preferable salt, and for the reason that when the hypo-sulphite is decomposed by the hydrochloric acid of the gastric juice, not only is sulphurous acid liberated, but sulphur is precipitated,—a substance that it is often undesirable to have in the stomach.

from the mucous membrane of the mouth in twenty-four hours. The secretions of the mouth being acid, (?) the salt is decomposed and sulphurous acid is set free; in this, as in all other cases, the sulphurous acid is the active agent in the destruction of the parasite.

I can not conclude without expressing my confident belief, that a great advance was made in pathology when the vegetable nature of the diseases I have referred to, as well as some others, was demonstrated; and my equally confident belief that the foundation for a great advance in therapeutics was laid when Professor Graham called attention to the power of sulphurous acid to destroy vegetable life, and explained how it could be given internally without injury to the patient. †

*Instrument for Cauterization of the Larynx.*—We find a communication from Dr. J. G. Adams, of New York, now in Paris, in the pages of the Gazette Hebdomadaire, of that city, under date of Jan. 27, 1854. We are indebted to Dr. Adams for a copy of the Gazette, and present our readers with the following translation of the article alluded to:

"Mr. Editor—Through the kind introduction of M Robert, I had the honor of presenting to the Surgical Society, at its session of the 4th December, 1853, a specimen of a tri-branched sponge-holder, the exact counterpart, *in form*, of those in general use at present in New York, with the additions of Dr. Buck, surgeon of the New York City Hospital, and the further improvements of M. Charriere, Jr. Permit me to say a few words respecting the historical and practical details of the same.

"It has been a disputed question, to whom the merit of the invention of this instrument is to be awarded, and likewise to whom belongs the priority of its use in the laryngeal cavity. After careful and conscientious research, I find that the first idea of such an instrument was conceived by Dr. David Green, for the purpose of applying a solution of nitrate of silver to the larynx, pharynx, and œsophagus. He at first made use of a male catheter, to which a piece of sponge was fastened by a thread. After several experiments, he at last adopted a whalebone stem, curved to the segment of a circle at its extremity, to which a sponge was attached with strong twine or wire. One inconvenience attended this instrument;

† The solution of sulphurous acid which I use, is made by passing a stream of the gas through water, until the latter is saturated. Of this saturated solution, two ounces may be added to six ounces of water, to make a lotion.

the twine or wire became worn or corroded in a short time, and consequently the possibility that the sponge might become detached. Should such a thing occur while cauterizing the larynx, a fatal accident would be the consequence. Besides, it was necessary to have a great number of instruments, in order to avoid using the same sponge for different patients. To obviate these difficulties, Dr. Buck attached to the stem a pair of silver nippers, provided with a sliding ring which secured the sponge. Recently, having had occasion to order an instrument with Dr. B.'s addition, M. Charriere, Jr., suggested that it would add to the utility and perfection of the instrument by making the nippers with three jaws; that it would hold the sponge better, and preclude the possibility of its becoming disengaged. In the instrument thus constructed, one of the jaws is furnished with a stopping peg, over which a compressing ring passes, by the aid of a notch (as in the bayonet). When the ring is placed over the rest, it is made to take a half turn; it can not then possibly fall back, and the sponge is secured in the firmest manner.

"As regards the first person who made use of such an instrument for applying caustic solutions to the larynx, Dr. Horace Green, of New York, asserts, in the introduction to his work on Bronchitis, that in 1841, two years previous to the publication of the English translation of the works of MM. Trousseau and Belloc, he was accustomed to use cauterization to the larynx; but the practice of MM. Trosseau and Belloc was known long prior to that time in America, for Prof. J. M. Smith mentions it in his lectures delivered at the University of New York, in 1828.

"The possibility of introducing the sponge into the larynx has been doubted in France. I have, however, thrice proved its feasibility in the clearest manner. Dr. Green goes much further, and affirms he had penetrated *into the trachea to its bifurcation*, and that with comparative ease. It is my duty to repeat the assertion."—*Boston Med. & Surg. Journal.*

*Description of Eight Skulls of Flathead Indians from Columbia River.* By Carter P. Johnson, M. D., Professor of Anatomy and Physiology, Richmond, Va.—In the justly celebrhted "Crania Americana" of Dr. Samuel George Morton, there are described the measurements of eight skulls of the Flathead tribes of Columbia river. In the eighth section of the second part of "Schoolcraft's history, condition, and prospect of the Indian tribes of the United States,"

upon the "Physical type of the American Indians," also written by Dr. Morton (the last labor of his life), seven additional skulls of these tribes are described. These fifteen skulls are all of which I have seen any accurate measurements, though others may have been published in papers to which I have not had access. Anything which may add to the slender stock of accurate statistical information which we possess with regard to these tribes, will be interesting to the public, and particularly to the medical men of America.

The skulls which I propose to describe were sent to me some time since by Dr. Charles H. Smith, U. S. A., and were taken by him from an Indian mound on the banks of the Columbia river in Oregon. Of the exact location of the mound he has not informed me, and I am therefore not able to state to which of the many Indian tribes inhabiting the banks of the Columbia river these skulls belonged.

The skulls are all in a good state of preservation, with one exception, they are all adult skulls, none, however, presenting indications of great age. They may therefore be taken as good types of the class to which they belong. The specimen No. 8 in the catalogue (vid. table), is not fully developed. The posterior molar teeth have not made their appearance at all, and one of the second molars has but just presented itself beyond the margin of the alveolar process; the remaining three second molars are fully out. In giving the mean of the measurements of these skulls this one will be omitted.

The appearance of these skulls is very singular, and with our idea of physical beauty, we find it difficult to credit the statement that such a conformation is actually regarded as a mark of beauty by those tribes among whom it is found, and that it is so highly valued that their slaves, who are for the most part derived from the adjacent tribes, are not allowed to imitate it. The most prominent deviations from the usual conformation of the skull, are the great flattening of the frontal and occipital bones, and the consequent diminution of the antero-posterior diameter and the increase of the lateral diameter of the skull. The vertex is pushed backward, and the vertical diameter diminished. The basal aspect of the skull is very much altered; the face, retaining its usual width, seems very much disproportioned to the cranium, the lateral enlargement of which is here strikingly seen. These alterations exist of course in different degrees, in different specimens, according to the degree and the duration of the compressing force employed, as will be evident from an exami-

nation of the table of measurements. Owing to the difficulty of applying the compressing force uniformly, I presume, very great distortion is sometimes produced. All of the skulls in my possession are strikingly non-symmetrical, but two of them, Nos. 6 and 7 of the catalogue, are particularly distorted, and in both the flattening has been produced principally upon the left side, leaving the capacity of the right side of the cranium very much the greater. In two of the eight skulls which I have, the frontal suture remains entirely perfect from the sagittal to the fronto-nasal suture. Can this be in any manner the result of the compression of the frontal bones? In seven of the eight, "ossa wormiana" are found, some of them very large.

According to Dr. Morton,* this custom of flattening the head obtains among many tribes, among which are the Klickatats, Kalapooyahs, and Multnomahs of the Wallamet river and its vicinity; and the Chinouks, Clatsaps, Klatstonis, Cowalitsks, Kathlamets, Killemoohs and Chelakis of the lower Columbia and its vicinity. It may not be uninteresting to state the mode in which this curious deformity is produced by these numerous tribes. It will enable us to appreciate their moral sensibilities to some extent.

"The mode by which the flattening is effected," says Mr. Townsend, "varies considerably with the different tribes. The Watlamet Indians place the infant, soon after birth, upon a board, to the edges of which are attached little loops of hempen cord or leather, and other similar cords are passed in front and back, in a zigzag manner, through these loops, inclosing the child and binding it firmly down. To the upper edge of this board, in which is a depression to receive the back part of the head, another smaller one is attached by hinges of leather, and made to lie obliquely upon the forehead; the force of the pressure being regulated by several strings attached to its edge, which are passed through holes in the board upon which the infant is lying, and secured there." †

"The mode of the Chinouks, and others near the sea, differs widely from that of the upper Indians, and appears somewhat less barbarous and cruel; a sort of cradle is formed by excavating a pine log to the depth of eight or ten inches. The child is placed in it on a bed of little grass mats, and bound down in the manner above described. A little box of tightly

* Crania Americana, p. 203.

† Townsend, Journey to the Columbia River, p. 175.

plaited or woven grass is then applied to the forehead, and secured by a cord to the loops at the side. The infant is thus suffered to remain from four to eight months, or until the sutures of the skull have in some measure united, and the bone become solid and firm. It is seldom or never taken from the cradle, except in case of severe illness, until the flattening process is completed."

It is not wonderful tnat the result of this process, to which these unfortunate babies are subjected, is "often ulceration of the scalp and perhaps, not unfrequently, death itself." Three of the skulls in my possession present distinct evidences of ulceration of the frontal bones themselves, and one of them, the youngest, presents upon the frontal bone and the adjacent part of the parietals, that honeycomb appearance so familiar to the pathologist as the result of syphilitic disease.—*Western Journal.*

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# Editorial.

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### THE FAULTS OF MEDICAL EDUCATION.

On several ocasions we have presented to our readers, reflections on the defects of medical educatian, and some of the means best adapted to the improvement of the profession; and although the subject, in all its varied relations, has been repeatedly and amply discussed by medical journals, still, there are many questions which remain unsolved, and difficulties unchanged. We have no intention, at this moment, of entering into a general discussion of the various mooted questions involved in the subject of medical education, but rather to introduce one or two suggestions for the reflection of our readers.

There is not much difference in the general course pursued by the medical schools of the United States—all require nearly the same proficiency in the elementary studies, prior to graduation; and, although it must be admitted that there are superior facilities in some for anatomical and clinical instruction, and that some teachers excel others in their ability

to impart instruction, still, the great mass of graduates may fairly be regarded as being on a *par* when they come fresh from the graduating classes. But, by tracing these same persons through the various stages of professional life, it will be perceived that the equality which at first existed, is speedily lost, and the comrades at once part company. Some remain at the lowest point of professional acquirements and prominence; others rise a little in the scale of excellence, but still occupy a position of "sad mediocrity;" while the remaining portion (and usually the smallest) acquire positive eminence. Of this latter class, some become eminent as practitioners of some one or more departments; others acquire reputation as writers, and another class render important services as teachers.

Now, the special question recurs, why this difference? Some will ascribe it to differences in mental endowment, and others may regard the result as mainly fortuitous; and although both of these classes of causes must necessarily exercise an influence over a certain portion of examples, yet there is another cause more general and potent in its effects. *We refer to industry and perseverance in the acquisition of knowledge.* No man can acquire positive eminence in the profession without the utmost perseverance and economy of time; for although much notoriety may be attained as the result of accidental good fortune, or the display of brilliant talents, yet in a large proportion of instances, positive eminence, either in the practice of medicine, or as writers or teachers, results more from industry and perseverance, than any other cause.

The special fault which we had in view when commencing these remarks, consists of a want of general, comprehensive and careful reading. Our profession abounds in numerous and valuable books, which contain the treasures of knowledge flowing from the arduous labors of many generations, and yet it is strange beyond comprehension, that the devotee of our art and science can rest satisfied until he has fully explored

every available source of knowledge. Many will, perhaps be ready to believe that they have fully availed themselves of all means of information within their reach, and, therefore, are above criticism. But let such persons commence a thorough investigation of the most common subject—let them collect the works of standard authors who have written on the subject, and study them thoroughly and completely, and our word for it, they will be as much surprised as interested, in the large amount of new information which will be developed. Many physicians, we are fully persuaded, live in continued ignorance of the most important and necessary knowledge which lies immediately within their reach, and which requires nothing more than the necessary industry to cull it from the numerous books which they might readily command.

The idea which we wish to convey in this connection, will be fully conveyed by the terms *accurate* and *comprehensive* reading. It will not be sufficient to read a single work, nor to read a half-a-dozen *carelessly*, but the whole subject should be most accurately and minutely studied, and the different opinions or facts only comprehended. It is in this way that *monographs* become so important. A writer who is at all competent to the task, presents in a single volume and small space, all that is known on a popular subject—in other words a *monograph* becomes the mirror which reflects the whole subject. And in the same way any person of ordinary comprehension may work out a monograph for himself, and thus become possessed of all the knowledge which pertains to a particular subject.

It is not sufficient that the student, in his private and collegiate course, should read and study the "text books," but, in after life, when entering upon practical duties, the foundation which has been laid, must become the basis of a noble superstructure, far more comprehensive than the original design. Those, however, who remain satisfied with the meager results of primary knowledge, must expect to occupy a "sad

mediocrity," or even a lower position than we before mentioned; and while the annals of the science abound in sterling knowledge, they live on in slothful ignorance, unmindful of the noble truths which lie within their grasp.

We are not utopian on this subject. It is not expected that every one should become critically accurate in the whole range of medical literature; indeed, the busy practitioner could not accomplish so much, and must be content to leave those more intricate and flowery parts to the teacher; but what we insist on, and the profession and world have a right to demand, is, that those who assume the duties of the practice of medicine, should acquaint themselves with all the leading facts and principles which make up the science, and that by continued diligence and unwearied perseverance, they should neglect no new truth, nor fail to comprehend every ray of light shed on the subject.

This constitutes the truly enlighted practioner of medicine, and embraces that class who attain positive eminence.

### NEWS OF THE MONTH.

*Exsection of the Ulna.*—Professor Carnochan reports a case, in the American Medical Monthly Journal, from which he removed the entire ulna, without wounding any of the arteries or nerves of the arm, and without materially injuring the movements of the elbow joint. A diseased condition of the bone had existed for a long time, which not only destroyed the usefulness of the limb, but seriously prostrated the constitutional health of the patient, by causing constant painful irritation of the soft parts and loss of sleep. After the operation the wound healed kindly, and in a short time the recovery was complete. What is most surprising, the integrity and usefulness of the arm and hand are but little impaired.

This we note as another triumph of American surgery, for which Dr. C. deserves much praise.

Professor Clark stated in the Pathological Society of New York, that he had met with animalculæ on the mucus membrane of the tongue and lips of a patient lying in a low state

of malignant disease. His attention was first called to a white "fur" of a mossy appearance, about one-eighth of an inch thick, which was easily removed, and when placed under the microscope was found to consist of epethelial scales, vibrione, and an abundant vegetable growth.

The New York Medical Gazette "pitches into" Dr. Van Buren, the Professor of Anatomy in the University of that city, in this heroic manner: "Dr. Darling resigns the place he had long held under the lamented Pattison, as Demonstrator of Anatomy, leaving Dr. Van Buren to select his successor. If, however, he intends, as last year, only to lecture on the bones, ligaments, *and muscles*, during the whole term, and wholly omit teaching the *blood vessels, nerves, organs of sense*, &c., &c., to the small class paying him to teach them anatomy! he might possibly manage to get through without any Demonstrator, having himself learned as much last year. Such a course, however, is a carricature upon the teaching of his predecessor."

The Buffalo Journal also makes a plunge at the University of Michigan, but meets a rebounding *but* from Dr. Andrews, of the Peninsular Journal, with his "*Bullhead*" first in the defense. Gentlemen, keep cool, or we shall have to prescribe a wet sheet to allay your fever.

Alas! what evils oft environ
The man that meddles with cold iron.

There is some consolation to us in this meridian, however, in noticing these *periodical* thrusts. We find that Cincinnati is not the only place that is *cursed* with professional feuds.

The camphor tree (*camphora officinarum*) has recently been introduced into Louisiana. The experiment, so far, promises to succeed well.

DR. MARSHALL HALL.

We learn from the New Orleans Medical and Surgical Journal that this distinguished Physiologist made some experiments, in that city, on living alligators, to illustrate his peculiar physiological views of the nervous system. The

physicians of the city gave him a splendid dinner at the St. Charles Hotel on the 18th of January, and on the 23d he left for Havana.

Dr. J. V. C. Smith, editor of the Boston Medical and Surgical Journal, has been elected Mayor of that city.

Dr. E. D. Fenner retires from the editorship of the New Orleans Medical and Surgical Journal, and Dr. Bennet Dowler takes his place, giving his salutatory address in the March number. His address is well written, spirited, and filled with true sentiment and a just appreciation of professional dignity, giving us the highest opinion of his editorial ability. We cordially indorse the sentiment of the following remarks, taken from his address: "The science of medicine, affilliated as it is with many collateral sciences, affords ample scope to its cultivators, without the necessity of descending to attack quacks, cliques, and mercenary practitioners, who sacrifice truth, honesty, and science, without the least scruple, for the love of money, or a love of that species of notoriety which is ephemeral even for its purpose but lasting for its moral degradation."

TRANSYLVANIA UNIVERSITY.

Dr. Samuel Annan, Professor of the Theory and Practice of Medicine in the above Institution, has resigned his place, and received the appointment of physician to the new Lunatic Asylum located at Hopkinsville, Ky. Dr. Annan is fully competent to discharge the duties of his new position, and we most heartily wish him success. His learning and ability can not fail to render his services of great value in this particular field of labor.

The Chair of Practice, rendered vacant by the resignation of Dr. Annan, has been supplied by the appointment of Dr. W. S. Chipley, of Lexington. Dr. Chipley is one of the most able and prominent physicians of Kentucky, and we have no doubt his success will more than meet the expectations of the friends of the Institution. No appointment could have been more judicious.

# Miscellany.

*Puerperal Convulsions.* By M. Chailly-Honore.—In a letter addressed to *l'Union Medicale*, M. Chailly says that out of nineteen cases of eclampsia which he has encountered, he has lost only a single patient, and that in her case the intervention of art was differed by circumstances beyond the control of the accoucheur. He attributes these fortunate results to the observance of the following precepts. He advises, if the convulsions occur before labor, the induction of premature delivery, an operation which he considers altogether safe. During labor the ovum should be gotten rid of, by means of artificial dilatations of the os, incisions being employed, inasmuch as they are much less dangerous than the convulsions. Lastly, version or delivery by the forceps must be effected; operations which are inoffensive as far as the mother is concerned, and which can not be compared to the dangers attendant upon eclampsia.

It may be objected, it is true, that the expulsion or extraction of the ovum does not necessarily put a stop to the convulsions. This is true, and the author cites three instances of it from his own practice; but these three women recovered, notwithstanding, and their children lived. Moreover, as gestation and the puerperal state are the primary cause of eclampsia, it is rational to admit that by removing these conditions the eclampsia will be checked, if not immediately, at least in a much shorter time than if no interference was exercised.

There is one point in prophylaxis upon which M. Chailly claims to have first called attention.

Whatever, he says, may be the predisposing causes of puerperal convulsions, albuminuria, anasarca, etc., ect., it often fortunately happens that convulsions do not occur when the labor is rapid, easy, and painless; whereas, if the labor is tedious and prolonged, especially if the womb has serious obstacles to surmount, the attack of convulsions will frequently supervene, as soon as the pains become violent.

Lessen the pain, render it supportable, and you will very probably avoid the convulsions.

It is in such cases that anæsthetic agents, which M. Chailly never employs in natural labor, may be of signal service. This practice, which he considers perfectly rational in cases

in which a predisposition to eclampsia exists, should be the rule of conduct of the accoucheur in all cases in which the contractile pains become insupportable, even where no predisposition is present; for M. Chailly has witnessed cases of puerperal convulsions in which albuminuria could not be suspected, and in which it was only discovered after the unfortunate event.

*Fistula in Ano, treated by Iodine Injections.* By M. Boinet.—At the meeting of the Institute, of August 1st, M. Boinet read a memoir designed to demonstrate the efficacy of injections of iodine in the radical cure of fistulæ in ano, whatever their form, extent, or complications. Seven cases are detailed, which offer examples of almost every variety of fistulæ: complete, blind or incomplete fistulæ, deep fistulæ, with loss of substance of the intestine, and fistulæ in tuberculous subjects. These observations tend to prove that iodine injections may be advantageously employed in all cases of fistula, but especially in those in which the method by *incision* is dangerous or ineffectual; such, for example, as extend deeply, or occur in phthisicial patients, or depend upon some alteration of the ischium, the coccyx, or the sacrum.

The advantages of iodine injections over the ordinary method, consist in obtaining a cure more easily and in a shorter time, in avoiding pain and the danger of hæmorrhage, and in permitting the patients to continue at their usual avocations.

The following are the conclusions of the memoir:

1. Iodine injections properly administered, can cure radically all cases of fistula, whether complete or incomplete, simple or complicated.

2. They cure them more promptly than the method by incision commonly employed, and with less danger.

3. They produce no pain, and are easily practiced.

4. They permit patients to follow their occupations, and relieve them from daily painful dressings.

5. They are applicable to all cases, and especially to those in which incision or excision are dangerous or impossible.

6. They do no harm even if they are ineffectual, and do not prevent the subsequent use of the knife. It is, therefore, rational to employ them before having recourse to a cutting instrument.—*Gazette des Hopitaux*, No. 92.

*Putrid Gas in the Veins.*—M. Maisonneuve has recently

laid claim, before the Academy of Sciences, to having discovered the fact that in cases of violent gangrene, *gangrene foudroyante*, a putrid gas is developed in the veins, capable of determining instantaneous and fatal intoxication. This accident takes place ordinarily as the result of fractures complicated with flesh wounds. M. Maisonneuve observed it for the first time in 1851. Since then he has had several opportunities of demonstrating the truth of his discovery. Putrid gas has been detected flowing in the veins between the gangrenous part and the heart, and death almost immediately follows this event. Four months ago, M. Maisonneuve thought he detected, one morning on removing the bandages from above and about a gangrened limb, the symptoms of intoxication from putrid gas coming on; he cut into a vein at the bend of the elbow, and some spumous blood jetted out; instantly, with the instrument which he held in his hand, he commenced the amputation of the arm, while he sent his assistants on the run in every direction for the instruments and appliances necessary to complete the operation. He saved the life of his patient; and he believes, without the operation, he would have been dead in a few minutes. Messrs. Malgaigne and Chassaignac have already claimed priority in the discovery; but M. Maisonneuve shows, by their writings on the subject of *gangrene foudroyante*, that the first gentleman speaks only of cellular enphysema as the result of traumatic gangrene, while the other speaks of death in these cases being "explained by the sudden decomposition of the blood." But of the nature of that decomposition he says nothing. M. Maisonneuve therefore repeats the proposition on which he claims priority, in these words: "The discovery consists in this, that in a certain form of gangrene, well known to surgeons, and which I designate under the name of *gangrene foudroyante* (gangrene terrible), putrid gases develop themselves spontaneously in the veins, and circulate with the blood during the life of the patient." M. Maisonneuve's researches have placed the truth of the existence of this fact beyond all doubt; I have seen him once myself demonstrate the fact in his wards, to the satisfaction of all present. That this putrid gas once developed in the veins will produce speedy death, is obvious enough, and explains rationally why death in these cases is so often sudden.

*Tincture of Mastic as a Hæmostatic.*—It is stated in a recent number of *Schmidt's Jarbucher*, that Dr. Frankl has

found the tincture of mastic an excellent hæmostatic. He employs it in epistaxis, and in troublesome bleeding from leech-bites. It is applied to the points whence the blood issues, by means of a camel's-hair pencil. Terzer, a dentist of Vienna, is also reported to have used it successfully in hæmorrhage following extraction of teeth.

*On the Medicinal Properties of the Coffea Arabica.* By W. Hamilton, M. B.—It is an important fact in vegetable physiology, which becomes every day more fully developed, that the active properties of the fruit are frequently, if not universally diffused in a greater or less degree throughout the leaves, bark, and other parts of the plant; thus the leaf of the *Vitis vinifera* has been long known to possess the same property of yielding wine by proper manipulation as the berry; and a similar property is now ascertained to reside in the leaf of the coffee shrub, which, by due torrefaction, as has been recently shown in the *Pharmaceutical Journal*, is capable of yielding a beverage equal in all its sensible qualities to that obtained from the torrid berries. But the importance of this discovery may not be confined to the economical, but may also be found to extend to the medicinal properties of coffee, which, becoming reduced in price by this important discovery, may possibly come more extensively into use.

Calculous complaints are among the most frequent and perhaps the most painful maladies of our island, and are not uncommonly connected with gout and rheumatism; but it is not generally known that the free use of strong coffee, unadulterated with chicorp, or any of those other substances with which it has been too much the practice of dishonest dealers to deteriorate the genuine article, is almost a specific for these painful afflictions.

It has been discovered by Dr. Mosley, in his "Treatise on Coffee," that "the great use of coffee in France is supposed to have abated the prevalence of the gravel. In the French colonies, where coffee is more used than in the English, as well as in Turkey, where it is the principal beverage, not only the gravel but the gout, those tormentors of so many of the human race, are scarcely known. Du Four relates, as an extraordinary instance of the effects of coffee in gout, the case of M. Deverau. He says this gentleman was attacked with gout at twenty-five years of age, and had it severely till he was upward of fifty, with chalk stones in the

joints of his hands and feet: but for four years preceding the account of his case being given to Du Four to lay before the public, he had been recommended the use of coffee, which he adopted, and had no return of the gout afterward."

But its efficacy is not confined to the cure or mitigation of these maladies. Sir J. Floyer, who had suffered under asthma for more than sixty years without finding relief from any of the numerous remedies he tried, was at length cured, when above eighty years of age, by the free use of coffee. Other instances of the efficacy of coffee might be adduced, but enough perhaps, has been already stated to induce those who labor under these maladies to make a trial of its efficacy, and convince the dealers in the article of the inhumanity, no less than the dishonesty of imposing spurious, in place of unadulterated coffee, upon their credulous customers.

It is to be hoped that the important fact of the capability of cultivating the coffee shrub in the lowlands, no less than the sub-Alpine regions of the tropics, for the harvest of its leaves, may lead to its more extended planting, both in our East and West Indian possessions, since not only would an additional value be given to ground little suited to other tillage, but a valuable addition made to our stale crops without increasing the amount of human labor in their production. When the dried coffee leaves become, like those of the tea of China, an established article of import into this country, it may be hoped that the market price will undergo such a reduction as to render adulteration no longer profitable, and to induce thousands to prefer this exhilarating beverage to the vile compound of sloe and rose leaves palmed upon purchasers as the genuine tea of China.—*Pharmaceutical Journal.*

*Nervous Asthma.*—M. Morpain, a French physician, has found that by burning brown paper soaked in a solution of saltpeter in the room of an asthmatic patient, the latter will obtain instantaneous relief. M. Carrie, working out this fact, has had the following poly-pharmaceutical paper prepared for the same purpose: Pasteboard broken down with hot water, four ounces; nitrate of potash, two ounces; belladonna, stramonium, digitalis, lobelia inflata, all in powder, each twenty grains; myrrh and olibanum, of each two drachms and a half. Incorporate all of these with the paste, divide the mass in sheets of the thickness of three lines; dry and divide in little square pieces. Burn them in little saucers in a well shut up room.

*Resurrection and Dissection.*—We clip the following sensible remarks from the Cincinnati Daily Commercial, and give them a place in the Lancet, that our brethren may see that there are some *newspaper editors* who would not barter true science for a "*Mess of Pottage*":

"There is in the papers a report of a riot at Syracuse, N. Y., which had its origin in the discovery that certain medical students had been engaged in dissecting a human body, which was brought to light by an alarm of fire in the building. There is a certain portion of the public that insists upon being very much outraged by such developments, whenever they occur, and mankind, not unfrequently, appear to act upon the presumption that doctors are an order of *ghouls* who prey upon the bodies of the dead, and medical scholars but little better than hyenas, with an especial fondness for the relics of humanity. * * * * * * * * But a knowledge of anatomy, such as can only be obtained by actual inspection of the parts, frame-work, and tissue of which the human body is composed, is absolutely necessary to the medical and surgical practitioner, and it must be sought by the use of means that are not only, to the last degree, revolting and disagreeable, but which frequently subject him to severe fines and punishments.

In our own State, there are no legal means by which a "subject" for dissection can be procured, either by the private student or the public institutions; yet one dozen or more of Medical Colleges require them, and have them, and can not do without them. How are they procured? By constant breaches of the law, which the public wink at, until, by accident, the circumstances of some particular case are made known and then there is a sensation, giving the lawless and the insubordinate an excuse for disturbing the peace and breeding a riot, under the pretense of sympathy for desecrated humanity.

The people of certain parts of this city have learned to know the crazy rattle of the vehicle, which, driven by "resurrection men," brings, at dead of night, the bodies of defunct vagrants from the Potters' Field, and conveys them to the dissecting rooms of our Medical Seminaries. There is neither sense nor reason, nor humanity, in this outlawry of the means of acquiring necessary and valuable knowledge. The law is a relic of barbarism, never enforced, except for purposes of individual oppression, and tending only to promote riots and breeches of the peace. How much better it would be by proper enactments to *regulate* a practice which no legislation can suppress